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ABSTRACT

This document is a resource guide for the care of infants and toddlers. It is designed for childcare providers who are interested in furthering their professional growth but who do not have access to inservice courses. The guide can also be used as a primary or supplementary text for childcare training courses, and provides information and suggestions in a format that is easy to follow, and in language that is easy to read. Following an introduction, chapters 1 and 2 describe the process for preparing to bring an infant into a family daycare home for the first time, and contain tips on baby-proofing the home and on meeting infants' needs. Chapter 3 outlines the basic pattern in the development of babies, and contains suggestions for activities to encourage the physical, language, cognitive, and emotional development of babies. Common infant and toddler behaviors are described in chapter 4. Chapter 5 covers nutrition and feeding, and chapter 6 discusses health, safety, and first aid. Chapters 7 and 8 focus on the professional childcare provider, the business aspects of being a provider, and partnerships between providers and parents. Common health problems are listed in the appendix. (Contains 29 references.) (SM)

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# BETTER BABY CARE:

## *A Book for Family Day Care Providers*

(Revised)

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# BETTER BABY CARE:

## *A Book for Family Day Care Providers*

(Revised)

Margaret Nash
Costella Tate
Sandra Gellert
Beverly Donehoo

The Children's Foundation
Washington, D.C.

The Children's Foundation was established in 1969 to provide a national voice for women and children on issues of broad social and economic significance. The focus of the Foundation is on increasing public awareness of the family day care profession, expanding and improving available child care and promoting greater enforcement of child support statutes.

| | |
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| *Executive Director*<br>Kay Hollestelle | National Family Day Care Project<br>Sandra Gellert, *Director* |

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# Foreword

> *What should we put on Teretha's diaper rash? How can we stop Nathaniel from biting? Have you noticed that Teretha doesn't seem to turn toward us when we call her name or shake a rattle? Do you suppose Becky's mother is having problems? She seems distant and sullen when she drops her off or picks her up.*

In the course of the working day, caregivers are asked to make a host of decisions, solve multiple problems, and perform a variety of job related functions swiftly, efficiently and cheerfully. The caregiver is called upon to nurture parents as well as young children, and to serve simultaneously as teacher, curriculum planner and designer, entertainer, first aid specialist, housekeeper, and professional colleague. Unfortunately, neither their salaries nor their in-service education take into account the demands and expectations of their job.

Recognizing the difficulties encountered by child care workers who feel the need for additional training but who cannot afford to leave work, the authors of Better Baby Care have produced a practical, up-dated and comprehensive guide in the care of infants and toddlers. Written by practitioners for practitioners, Better Baby Care provides information and suggestions in a format that is easy to follow, and in language that is easy to read.

*Better Baby Care* is an excellent resource for child care providers who are interested in furthering their professional growth and who do not have access to in-service courses. It can also be used as a primary or supplementary text for child care training courses. Better Baby Care is full of critical information on the infancy period. It describes the practical implications of current research, provides down-to-earth explanations of infant behavior, and guidelines for infant care. It includes creative suggestions for toys, games and activities appropriate for infants and toddlers. "Vignettes" of real situations in child care settings reflect the kinds of problems that child care providers encounter, and invite creative problem solving.

*Better Baby Care* is a long over-due guide for infant caregiving. Whether it is read from cover to cover, or placed by the changing table as a ready reference, Better Baby Care is a critical resource for every infant care provider.

Marilyn M. Segal, Ph.D.
*Director*
*The Family Center of Nova University*
*Fort Lauderdale, Florida*

# Introduction

Welcome to the world of infant care!

As a provider who includes infants in her family day care home, you are taking on an exciting and important task. In the first two years of life, physical, mental, social and emotional growth is rapid. Taking on such a challenge is sometimes difficult, and always rewarding.

Whether you are taking in infants for the first time or whether you have been caring for infants for years, this book is a resource for you. You will benefit from the experience of other family day care providers, since many of their stories are told throughout the book.

Chapters One and Two help you get ready to bring an infant into your family day care home for the first time. Chapter One gives tips on "baby-proofing" your home, as well as ideas for toys, equipment, and how to integrate a baby into your schedule. Chapter Two discusses emotional preparation: for you, for the parents and for the infant.

Babies follow a basic pattern in their development, and Chapter Three gives you an outline of this pattern. You will read about physical, language, cognitive (thinking) and emotional development. After each of these sections are suggestions for activities you can do to encourage these types of growth.

Anyone who works with children thinks about the issue of behavior. Chapter Four helps you understand and plan for common infant and toddler behaviors.

Chapter Five gives pointers on Nutrition and Feeding, and Chapter Six covers Health, Safety and First Aid.

In Chapters Seven and Eight, we focus on you as a professional. Chapter Seven discusses the business aspects of being a provider: setting up, advertising, setting fees, keeping records, and other issues. Chapter Eight concerns your building a positive relationship with parents of the children in your care, including understanding cultural differences. Common health problems are found in the Appendix.

We hope you enjoy the book, and, especially, we hope you enjoy your important work of being an infant caregiver.

## CHAPTER ONE

# Preparing a Place for Baby

Before you add a baby to your family day care home, there are a few things to consider. What kind of space does a baby need? How will the other children feel about the little newcomer? Will you need to change your routine?

**In this chapter you will read about:**

- making your home comfortable and safe for an infant;
- developing ideas for equipment and toys;
- helping older children look forward to a new baby; and
- creating a schedule.

## ARRANGING YOUR HOME FOR BABIES

Babies need some special things in your home, like places to crawl, equipment, and toys that are different from the toys of older children. Don't panic! You don't have to spend much money. In fact, a lot of things that you use every day, if safe, can be used as toys. Here are some ideas for making your home a comfortable place for a baby:

### Infant-Sized Spaces

Infants are tiny people in a very large world. Babies like spaces made just for the size person they are. Even if your home or apartment is very small, there are simple ways you can make special places for infants. Here are some ideas:

- chairs that let the baby's feet touch the ground, and tables of the right height;

- pictures where the baby can see them: near the floor where the baby plays or crawls and at baby's eye level when she is in the crib or on the changing table; and
- small cozy spaces that are sized just for them (remember that even preschoolers are much bigger than babies, and different sized spaces for quiet time activities are helpful).

You don't have to build high walls in order to make a separate, small space for the babies in your care. A "wall" for a baby might only be three feet high. Use a few burlap-covered bulletin boards propped up by pillows or cardboard boxes as room dividers. Tape pictures on the boards that are at eye level for a crawling baby. (Remember that cork boards chip easily, and babies might put pieces of cork in their mouths.)

You can use colors to divide space, too. Bright colors are stimulating and fun, while earth-tones (browns, golds, greys) are warm and secure, and blues are relaxing. Use a variety of colors around the infants. It can be fun to see how each baby responds to different colors.

Try using carpet samples or other fabrics on the walls to create a baby space. This way you can change colors, and you can use textures, too.

## Textures

Babies do a lot of exploring, and they like to feel many different textures. Have textures like these in the baby's area:

- corduroy
- flannel
- terry cloth
- fake fur
- velvet

You can make toys out of fabrics, too. Look in the Appendix for ideas.

Paper is an especially enjoyable texture because, not only does it change shape, but it makes sounds, too. Babies can choke on paper, so be sure that nothing goes in their mouths.

✔ *Make sure the dye doesn't come out and that the pieces are too large to swallow.*

✔ *Watch out for foil, as it becomes sharp after repeated use. Plastic (like dry-cleaning bags) can choke or suffocate a baby.*

## Crawling Space

*Babies need open, clean floor space where they can crawl from place to place.* Babies will use anything handy to pull themselves up on, so be sure there's nothing around that might topple over from a baby's tug.

Keep these things out of babies' reach:

- breakables
- sharp objects
- cigarettes (lit or unlit)
- matches and lighters
- ash trays
- cosmetics
- medicines, aspirin and vitamins

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- poisons—detergents, cleansers, etc. (keep cabinets locked)
- appliances, cords and electrical outlets (put plastic covers over open plugs)
- plants

## Temperature

When you set the thermostat, remember that since heat rises, floors are always colder than the rest of the room. If babies are crawling on the floor, you might have to set the heat a little higher. A good floor temperature is 68-72 degrees.

## Lighting

People used to think that little babies couldn't see well. But the truth is that even very young babies can see. They can tell people apart, and they can tell one object or toy from another. The more they see, the more they learn. So you need to give babies good lighting.

The best lighting possible is full of variety: light and shadows that provide depth and warmth. Dimly lit rooms, like basements, or overly-lit rooms are hard on infants and children. Avoid bright lights over the crib.

The best way to light a room is with **natural light**—lots of windows that let in lots of sunshine—and **lamplight** from ordinary light bulbs.

## Equipment

One of the most useful pieces of "equipment" you could ever have is a good, old-fashioned **rocking chair.** Rocking is one of the best ways to soothe an upset baby—and you will find it relaxing, too!

Each child needs a separate sleeping space and bedding. Children under 12 months need **cribs.**

Infants need eating space too: **high chairs** or **infant seats** with trays both work well. Be sure to have bottles, teethers, bibs and towels.

Providers have different ways of creating a diapering area. If you use a **changing table,** get one with a secure strap that is at a comfortable height for you. Putting the table where there is a sink nearby will make washing your hands after changing a diaper much easier.

Other providers diaper on the floor, where there is never the danger of a baby falling. Sit on the floor with the baby and all the supplies between your legs so that the other children can't get into the supplies.

Wherever you diaper, use a protective cover made from smooth, water resistant material, and wash it with a disinfectant after each use. Protective paper is not recommended, because it is porous and allows fluids and infections to pass from one baby to another. Wash your hands before and after each diaper change. Remember to wash the infant's hands afterwards, too. Check Chapter Six for more information on diapering.

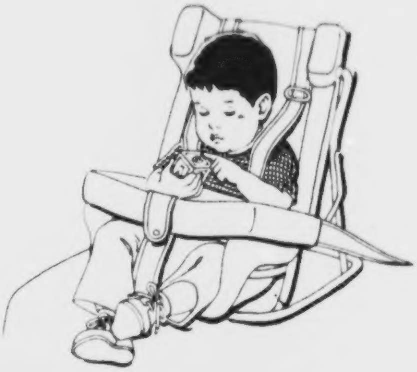
✓ ***Keep all diapering supplies in a convenient place. Some providers say that a shoe bag on the wall is a good place for pins, powder, and a diaper or two.***

Of course, you'll want a **potty chair** for the older babies. Keep a step or stool by the sink so that children can learn to wash their own hands each time they go to the potty. Wash the seat with soap and water at least once a day and when soiled.

Many providers recommend other pieces of equipment like **infant swings,** and **playpens.**

If you will be driving, law requires that you have infant car seats.

Many of these items can be bought inexpensively at secondhand stores or garage sales. Be sure they are in good shape before you buy them, and be sure they meet federal safety regulations (see the chapter on Safety in this book).



## Toys

***Since everything is new to a baby, everything the baby does is a learning experience.*** This is true for toys, too.

Toys are fun, and they also teach babies about size, weight, color, gravity, and other concepts. Toys encourage babies to be active, use their muscles, and explore. Toys also help babies learn to tell one sound from another. Toys do not have to be expensive! Some of the best toys are things you already have in your house.

**Sound toys:**

- rattles
- music boxes
- squeak toys
- bells (make sure nothing can be swallowed)
- pots and pans

**Sight toys:**

- crib mobiles
- books and magazines
- mirrors (framed; unbreakable)
- brightly colored shapes
- pictures (especially of familiar people and babies)
- ribbons and bows

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**Touch toys:**

- plastic measuring cups and spoons
- feely box: fill a shoebox with dry oatmeal; a sand box can be fun, but sand can get in mouths and eyes
- put pieces of cloth in a shoe box
- a crib gym
- fabrics, clothing, blankets and shawls
- make a "feely ball" by sewing together different pieces of material; stuff it with old (but clean!) nylons or cotton (see Appendix for design)

**Action toys:**

- boxes to crawl in and out of tunnels and ramps
- busy boxes
- large pop-together beads
- take apart toys
- wagons, trikes, and riding toys
- balls (large and small)
- blocks
- magnetic boards
- stacking toys
- rocking horses

✔ ***Babies put toys in their mouths, so be sure to keep these toys clean. Many soft toys are machine washable. Plastic toys can be washed in a dishpan once a day with a bleach solution (1 Tbsp. bleach to 1 qt. water prepared daily).***

✔ ***Any painted toys must be NON-TOXIC (not poisonous). Check labels and boxes before you give toys to children.***

## HELPING THE BABY FEEL WELCOME

CONGRATULATIONS!! Your day care family is having a baby!

Once you have decided to add a baby to your family day care home, help the older children get ready to welcome the younger ones. Set up a "housekeeping" area with a baby doll. Use old boxes for the refrigerator and stove. Give the doll a bath in a large plastic bowl.

Show the children what kind of gentle touching babies like. You might use more than one doll if you have toddlers who are not ready to share.

If children are allowed to be involved, they will accept the baby. If they are always told to "stay away!" they may become resentful and jealous.

One provider told us that when the baby was awake, there was often at least one child talking to and gently touching the baby. This is wonderful! The baby gets lots of love and attention, and the older children learn about being gentle. Babies find slightly older children fascinating.

## Baby's Day

Now that you're prepared to welcome a baby to your home, what kind of schedule will you begin?

**Find out the baby's own schedule.** Talk to the parents. Ask them about the baby's eating and sleeping pattern. The baby will adjust to your home easily if a similar schedule is used.

**Play with children while baby naps.** While the baby is napping, you are able to give your entire attention to the older children. This is a good time for painting, playing games or reading stories.

**Schedule outdoors time.** Be sure to schedule outdoors time when the baby is awake. Babies need fresh air and sunshine, too! Touching grass is a good learning experience for an infant, so let infants explore while you supervise.

Later on we'll talk about activities for infants. For now, keep in mind that watching the older children play is a job in itself for a baby. From watching older children, babies learn about:

- movement
- objects
- language
- "social interaction" (how to act around others)

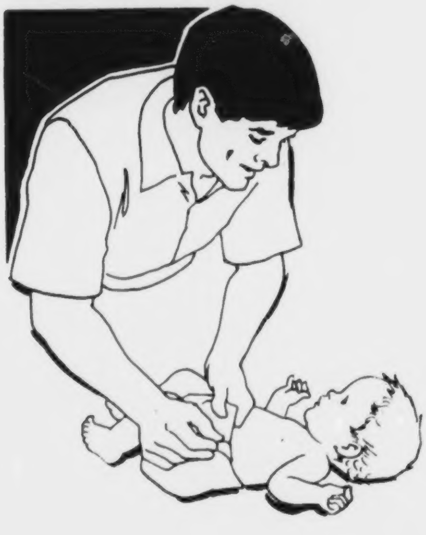
Move the baby around each day so the baby can watch the older children play and so you will know when the baby is ready to play with the older children.

Babies learn from watching you, too, so be sure to hold and carry them for part of each day. They put together sights, sounds and the feel of things, and being held makes them feel warm and loved. A baby cannot be "spoiled" by being picked up and held.

### Things to keep in mind about infant seats:

❶ don't put a big baby in a small seat, as the seat may topple over;
❷ make sure the seat is placed well out of danger: not near the edge of the table, the stove, radiators, or where someone may bump it;
❸ don't make the baby spend the entire day in the seat;
❹ put the infant seat where the baby can see you and the other children.

**You and the baby will want some quiet, alone time together.** Feeding and diapering are good times to give the baby your attention. Maybe you can have one of the baby's feeding times when the other children are taking their naps. The baby needs time for face-to-face contact with you, watching you talk and smile while she babbles, long before she can really talk.



Use diapering time to talk and sing to the baby. Involve the baby in the diapering. Tell the baby what you are doing. Say, "Now I'm taking out the pins, Steven." "The old diaper is off, Brenda, and now we're going to clean up. See the wash cloth?" Let the baby see and feel the cloth before you use it. Make eye contact with the baby as you talk, and use the baby's name often. **Diapering is not something that you do to the baby; diapering is a project that the two of you do together.**

**When the baby begins to move around, provide lots of time for crawling and exploring.** Give the baby a safe (safe from the feet of walking children, too!), clean, crawling space with a variety of exciting toys.

Slightly older babies—12 months and older—can enjoy some of the same things as the older children. A one-year-old has as much fun at supervised play with home-made play-dough as the other children.

✓ ***The baby will play very differently; be sure the baby is not in any danger!***

✓ ***There is not a "right" and "wrong" way to play with toys. (Unless, of course, someone is getting hurt.) Don't expect the same use of toys from a one-year-old as you do from a three-year-old.***

Most providers like to write out a schedule to help them feel organized. If you don't already have one, look at the basic schedule below for ideas.

**Be sure to schedule time for yourself.** You need a few minutes every day to do something just for you: read a book or magazine, call a friend, write a letter. On this schedule, Provider Time might be between 1:OO and 2:OO. Then at 2:OO the provider feels re-energized. She is able to give her whole attention to the baby while the other children are still napping.

### Things to keep in mind while making a schedule:

❶ try to continue the feeding and sleeping schedule the baby is already on at home;
❷ include time for structured activities and for free play;
❸ allow time for indoor and outdoor play, for the infant as well as the older children;
❹ have some one-on-one time each day with each child; for the baby, this might be feeding time and while diapering; and
❺ make time for you each day.

| | **Infants** | **Toddlers** | **Preschoolers** |
|---|---|---|---|
| **7:00 a.m.** | Children arrive and are greeted warmly. Breakfast is served and cleaned up. School-age children may read, finish homework, or play quietly until school. | | |
| | Changed, fed; may rest. | Quiet play—puzzles, dolls, books. Some may nap, or want to be held and rocked. | |
| **9:00 a.m.** | Baby should have been fed and changed. Put baby seat or playpen near the older children so baby can watch, and so you can pick her up and hold her often.<br>Morning nap. | Special acitivites<br>(In or outdoor play) | |
| **11:00 a.m.** | Some outdoor activity: a walk to a park or playground. | | |
| | | Children prepare for lunch: wash hands, help with food preparation, or read stories quietly. | |
| **12:15 p.m.** | Baby can be fed and settled in for nap. | Learn to feed self. | Help set table, prepare meal clean up. |
| | | Nap. | Rest: nap or quiet play. |
| **2:00 p.m.** | Nap. | Activity in or outdoor play. | |
| **3:30 p.m.** | Floor play on blanket. | Snack time. After-school children help in the preparation and clean up. Free playtime; after-school children may choose their own activities: reading, painting, doing homework, playing with friends. | |
| **5:00 p.m.** | Gather children's things together in preparation for time to go home. Read a story while holding the baby or play games together. | | |

## IN THIS CHAPTER YOU LEARNED:

- how to make safe infant-sized spaces that encourage learning;
- the importance of spending time every day holding the baby;
- that babies learn from watching other children play;
- that you should have face-to-face contact and talk to the baby every day;
- that both you and the children benefit from having a schedule or routine.

CHAPTER TWO

# Baby's Beginnings

When a baby comes into your home for the first time, think about what that baby needs to make this new experience pleasant. Does each baby have the same needs?

All babies need to be fed, kept clean and warm, and given a place to sleep. People sometimes call these things "the basics." As a caregiver you will be providing these things to each baby in your home. Babies have needs beyond "the basics."

**In this chapter you'll read about the infant's need for:**

- attachment
- self-esteem
- respect for their abilities.

## ATTACHMENT

> Suppose a friend invites you to a party. When you get there, the room is filled with people you don't know. You feel nervous and awkward until you see your friend. After talking with your friend for a minute, you feel more comfortable in this new environment. When a baby reacts in this same kind of way, we know that the baby is attached to certain special people.

A baby depends on others for the basic needs of feeding, cleaning, and caring. In order to get this care and attention, a baby cries, clings, grasps, makes eye contact, and smiles. The result of ongoing care that responds to these needs is attachment, which is what brings people together and allows them to be close.

Attachment means that the baby trusts this other person to meet the baby's needs. If there is no attachment—no close interaction—the baby has no reason to believe that her or his needs will be met.

A 1O-12 month-old baby thinks that something or someone out of sight is gone forever. This idea involves "object permanency," which we'll discuss later. When a baby sees Mama walk out the door, the baby may be afraid that Mama will never come back. When left with someone new, the baby doesn't know that his or her needs will be met.

Attachment allows a growing baby to become independent. Knowing that the "special person" (parent or caregiver) is there if needed, a baby has the courage to explore. At first the exploring might be only a foot or two away, but as time goes on the baby will trust two things: the baby can take pretty good care of herself, and, the caregiver will be there if she really needs help. Be available to give a pat, a word of encouragement, or a little help with a toy.

**Babies can be attached to more than one person at a time.** A baby can be attached to mom and dad, mom and a grandparent, or parents and a family day care provider. An infant who is in day care needs to be attached to the caregiver as well as to the parents, trusting that the day care home is a safe and secure place.

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Talk with parents about attachment. Some parents may be afraid or jealous of the closeness between you and the baby. Reassure the parents that you do not want to be the mother; tell parents that the bond they have with their child cannot be replaced. Let them know that it is healthy for their child to feel secure with another adult.

Here are some typical family day care situations. What can the provider do in each case to develop attachment and to build trust?

### *Example 1*

Ericka is six weeks old. Her mother, Josie, is a single parent. Josie took some time off from work, which she really couldn't afford. In the first six weeks of Ericka's life, she has been cared for entirely by her mother. Her mother has met all of Ericka's needs, and Ericka has had little, if any, contact with anyone else. Today is Ericka's first day at the home of a day care provider. This morning Ericka got bundled up for a walk. She is carried up the steps, and she and her mom wait outside in the cold for the door to open. The provider welcomes them in, and pretty soon Josie leaves. For the first time in her very short life, Ericka is being cared for by someone who is not her mother.

*What does Ericka need?*
*What can the provider do to help Ericka adjust?*

Ericka has not been near strangers or other children very much. For her, all the new sounds and smells may be confusing. Since Ericka is so young, the adjustment may be easier for her than if she were older. Especially in the beginning, the provider may want to keep Ericka near her, perhaps carrying her in a sling, and putting her crib nearby. Before too long, she will be able to distinguish between Mommy-smells and Caregiver-smells, and will be at home with both.

The provider will want to be aware of Josie's feelings, as she may be uneasy at leaving such a young infant. The provider can reassure Josie that the baby can be attached to both provider and mother, and the provider may take special care to let Josie know how each day is for Ericka. The provider may invite Josie to call once or twice a day in the beginning until she feels confident that Ericka is fine.

## *Example 2*

Kyle is a healthy, active six-month-old baby. Sharon has stayed home with her baby, but now she's anxious to pursue her career. Kyle has had lots of attention from her parents, grandparents and friends, all of whom have babysat when Mom and Dad go out. She is alert and curious; she is beginning to creep on hands and knees, and loves to explore. When Sharon began work outside the home again, she decided to look for a family day care home.

*What does Kyle need from the provider?*
*What kind of environment will be best?*

The provider may have suggested that Kyle and Sharon spend a morning or two together in the day care home before Kyle is left there alone. This way Sharon will know what's going on in the home, which will help her feel more comfortable about leaving Kyle there. If Sharon feels confident about the provider, Kyle will get the feeling that the provider is someone she can trust. Kyle is good at forming attachments since she has had so many adults in her life, so this transition may not be too difficult.

In the provider's home, Kyle needs a clean, safe space to explore. She needs room to "practice" crawling, as well as toys and objects to discover. Kyle will learn a lot from observing, and later, participating in the play of the older children.

## *Example 3*

Timothy, who is 15 months, has been with the same provider since he was 2 months old. Unfortunately, she has moved, and Timothy has to start with someone new. Mommy leaves for work early. Daddy gives Timothy breakfast and takes him to the new family day care home. Timothy has met the new provider once before, and he likes her. But still he's uneasy about the new home and all these new kids. All the kids in the other home were his friends, and he misses them. Daddy talks to the provider for a few minutes before he leaves for work, and then Timothy and the provider turn to face the room full of strangers.

*What does Timothy need?*
*How can the provider help Timothy feel at home?*

Timothy needs to know that he will be as well cared for by this new provider. He also needs to be accepted by the other children.

The provider may do several things to help Timothy feel good about the new situation. She may give him certain activities that he is sure to accomplish (she could find out about favorite activities from the parents, or from observing Timothy when he and his dad came for the first visit). Feeling good or competent will help Timothy adjust to the new home.

Since Timothy may be worried about the other children, the provider may make a special effort to see that Timothy finds a playmate.

Timothy needs to feel that someone cares for him and his needs. The provider may pay extra attention to him at the beginning—talking about the toys he plays with, especially when he shows toys to her.

In each case you were asked, "What does the baby need?" Every baby is different, has a different temperament, and each baby has a different background or family life. Therefore, each baby has its own set of needs. Some need quiet handling, while others like the rough and tumble.

Have the parents keep you informed every day. If the baby didn't sleep much the night before, you need to be prepared: the baby may be irritable, or need a longer or earlier nap. Needs can change daily, as the baby grows and as the home environment changes.

## SELF-ESTEEM

> Think about how you feel when you finally do something you've been working toward. You ran a mile, built a bookcase, or played a difficult piece on the piano. Whatever it was, you did it, and you feel great! You now have a higher sense of self-esteem.

**Babies have self-esteem, too.** Pretend you are a baby who is just learning how to crawl. Your favorite toy is just out of reach. For the first time, you move until you can reach the toy yourself. This is a great accomplishment and gives a baby a feeling of competence.

One way to increase a baby's self-esteem is to help the baby feel competent. Babies need to learn that, small as they are, they do have some control in the world. They are real people, and they can cause things to happen.

When a baby cries because her diaper is soiled and someone changes the diaper, she learns that she can make things happen when they are important to her. She learns that when she is uncomfortable, she can ask (in the only way she knows how—crying) for what she needs.

Suppose you are cold, and reach for a sweater. Another person in the room says, "You're not cold," and takes the sweater away from you. You tell the person that yes, you really are cold, but the person replies, "No, you're not. You don't know what you're talking about."

The person who doesn't believe what you say is not "respecting your ability to know your own needs." You know enough about yourself and your body temperature to know whether or not you are cold.

**A baby does not cry without a reason.** Part of increasing babies' self-esteem comes from respecting their competence. They know when they need something. When they cry, they are trying to tell you what that need is.

A young baby knows enough about himself to know that he is either hungry, wet, uncomfortable, lonely, or bored. Crying is his very effective way of getting his needs met.

> Six-week-old Seth cries. The provider thinks, "I just fed and changed him, so he's not hungry or wet. He doesn't need anything. If I leave him alone, he'll quit crying." But Seth doesn't stop.
>
> Three-month-old Juanita is crying. The provider thinks, "She just wants attention. If I pick her up every time she cries, she'll just get spoiled." Juanita continues to cry.
>
> Two-month-old Raymond starts crying. The provider comes over and makes eye contact with Raymond and speaks to him in a steady voice. Raymond smiles as the provider interests him in a toy.

When we respond to a baby's cries, we are teaching the baby that she does have some control over what happens to her. She can make things change.

When she gets a little bit older, she will continue to believe that she can do things for herself: she will learn to tie her own shoes, feed herself, zip her jacket. And not only will she know that she can take care of herself, she will also want to take care of herself—because she knows that she is important. She has self-esteem. People have taken her seriously, and respected her as an individual. This

allows her to feel good about herself, which in turn allows her to care about others.

Another way to encourage babies to take care of themselves is to teach them that little cuts and falls are not the end of the world.

> Lionel, who is just beginning to toddle around, happens to trip. If the provider immediately rushes over to hold him and says, "Oh, poor, poor Lionel! Oh, you had an accident!"—then Lionel is going to think that he needs someone to take care of him every time he might stumble.
>
> If, on the other hand, the provider walks up to Lionel and calmly says, "Uh-oh!" in a cheerful voice then Lionel is going to learn that if he is seriously hurt, there is someone to help him, and otherwise, he is perfectly capable of taking care of himself. In this case, Lionel feels competent.

## IN THIS CHAPTER YOU READ ABOUT INFANTS NEEDING:

- to be attached to provider as well as parent;
- to trust that the provider will meet their needs;
- to be respected as a person (self-esteem); and
- to be gently encouraged to respect their own competence.

## CHAPTER THREE

# How Baby Grows

The best way to care for a baby is to understand what the baby is going through: how she is growing, what she sees, what she is able to do, how she sees her world.

**In this chapter you will read about:**

- the world of the newborn;
- the physical growth of babies;
- the way babies communicate: speech and hearing;
- how babies think: how they understand the world around them;
- how babies relate to people in their world.

The first section focuses on newborns (birth to six weeks), and the other four sections cover infants from age six weeks to 24 months. You can think of babies growing in four ways: the body (physical), speech and hearing (language), thought (cognitive), and interactions with others (social-emotional). You will read about each of these and get ideas for activities you can do to encourage the baby's growth and development.

In the description of each area of growth, you will see a chart of "developmental milestones." A milestone is a road marker that shows you how far you've gone. A child's growth and development has milestones, too, and people refer to them all the time. "When did she say her first word?" "How old was he when he learned to walk?" People who ask these questions are looking for developmental milestones, or ways to mark how much a child has learned.

**The ages we give for these developmental milestones are only general.** Babies are so individual in how they grow that not being too specific is important. For example, in general, babies take their first steps at about 12 months. Some babies, though, may walk a month or two earlier and some perfectly fine babies may not walk until they are eighteen months old.

One reason for this variation is that babies work on different skills at different times.

> Baby Claire was so interested in crawling at nine months that she spent very little time learning to talk. Michael, on the other hand, was having such fun babbling and imitating sounds that he hadn't yet learned to rotate his wrist the way other babies his age had. With older children walking and running, Rob may be afraid of being knocked down, and might begin walking a little later.

All of these differences usually balance out. **As a provider, you can help most by respecting the babies' choices and encouraging them in whatever skills they are working on at the time.**

Some babies learn a new skill so quickly that they may appear to skip over a developmental milestone. The same baby might continue to work on another skill for a long time. Some babies do very little crawling, then suddenly will stand up and start walking. All babies learn skills in the same order, they just learn them at different rates.

At some point in your career as a family day care provider, though, you might care for a baby who develops much more slowly in one or more areas. Or something about the baby's development might seem different to you from other infants you have cared for. This baby may have a developmental delay. The "Health" section of this book will give you some "red flags" to help you watch for possible delays. If you think a baby has a delay, you need to talk with the parent.

By paying attention to the ways the baby in your care is growing, you can encourage him and help him along to the next stage.

## NEWBORNS

You may be one of the many providers who will never have a brand new baby in your home. Should you read this section anyway? Yes! If you have a good idea of what the first six weeks of life are like, you will be better able to respond to the babies you do provide care for.

Many people think that a newborn baby "doesn't do anything"—that the baby can't see, hear or understand what is going on around him. In this section you will read about the many things that a new baby can do, and you will get ideas about a variety of things for a baby to look at, listen to and touch.

A baby has reflexes at birth. Some of these reflexes protect her, such as blinking her eyes when a light shines on them. A newborn has two kinds of feeding reflexes: rooting and sucking. If you lightly touch a baby's cheek, her head will turn in that direction looking for the nipple. Once she finds the nipple, her sucking reflex lets her eat.

A newborn cannot control his hand, which is often rolled up in a fist. When you put a toy or your finger in the baby's palm, the baby will open his hand and hold on. Some babies as young as two weeks may begin to reach out to grasp something. Many babies suck their hands or fingers; these babies have learned a good self-comforting technique.

Even the youngest baby is fascinated by the world around him. He learns through his sensory skills: through seeing, hearing, feeling, smelling and tasting. He forms memories of what he sees and hears, and by 2-3 weeks old he may appear to recognize faces and voices. This means that when you call his name softly, he will turn his head toward you. Involve the other children in this, too; they will love watching the baby respond to their quiet voices.

Babies investigate with their eyes. Put pictures, especially of faces, near the crib. At this early age, most babies are still learning to focus their vision; you will need to place objects about 10 inches away for the baby to be able to see them clearly. Bright contrasting colors are especially enjoyed. One favorite design is black and white and has a distinct center point, like a bull's-eye. Babies need to look at lots of different things, so change pictures, mobiles and toys often. Most of all, babies respond well to a human face.

Here is a simple game you can do to encourage vision: hold the baby in your lap facing you. Dangle an object—a bright red ball, or something shiny—in front of the baby. Give the baby time to focus on the ball and then slowly move it from side to side. Watch the baby "track" the ball, following it with his eyes. (Be sure to stop the game if you see that the baby is getting tired or frustrated.)

Hang colorful objects over the crib—mobiles are great. The baby will be looking at the mobile from underneath, so make sure the mobile is interesting from that point of view. Maybe you could put an extra mobile at the end of the crib to give her another reason to practice kicking. Even though at this early age she won't understand about cause and effect ("I kicked the pretty ball and therefore it moved"), still, kicking is good for building leg muscles and the experience will be a good foundation for more learning.

Kicking builds leg muscles and teaches cause and effect.

Newborns learn about their world through hearing as well as sight. Each baby has her own way of showing you that she has heard: some will turn their heads in the direction of a sound, while others may move just their eyes; some babies may move their whole bodies, and others may stop moving altogether as they listen closely. Just as babies need to look at many things, they also need to hear a variety of sounds. Babies like new sounds; most of all, they like to hear a human voice. Talking to babies, in a smooth, even voice, is important, even before they understand the meaning of your words.

Touching is another important way that babies learn. Adults most often feel things with their hands; babies learn about touch with their whole bodies. Even tiny babies can learn from feeling the difference between being patted or rubbed with a thick towel and being stroked with a silky scarf. Most babies are comforted by the feel of human skin. Some like to be stroked across their tummies; some like to be stroked downwards across their cheeks; others like to have their legs and bodies rubbed. A fussy baby is often quieted by being rubbed, stroked or patted on the back.

Some newborns will have times when they feel better if they are swaddled, or wrapped tightly in a blanket, because they feel more secure.

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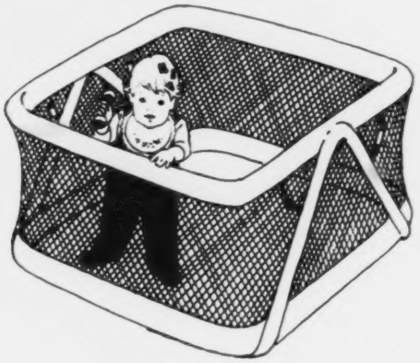
### Baby's Daily Rhythm

A rhythm is a pattern or routine, such as when the baby sleeps, eats or wants quiet time. Every baby's rhythm is different, and for some new babies the pattern may change from day to day. The baby may take a while to get on a regular schedule. Your biggest challenge will be to get to know the baby's own rhythm and signals and then to gradually fit the new baby in the schedule with the other children.

Some newborns sleep a lot, but after two or three weeks the baby is awake for longer periods. Babies are trying hard to adjust to their new world, and being "awake" doesn't necessarily mean that they are ready for play. They need time simply to look around quietly.

It won't take long for you to learn the baby's own rhythm, and then you will know what time of day she is most likely to be alert. When the baby needs to sleep put her in a crib, or, if you are going outdoors with the other children, in a carriage. When she is awake, she needs a change of scenery. Take the baby out of the crib when she is awake; this will give her time to watch what is going on around her and to be with the other children. During this time when the baby is awake and comfortable, she will enjoy being held and talked to, put in an infant seat near the other children, or put in the playpen.



When the baby is awake and uncomfortable, he will probably cry. Crying is the only way babies have to let adults know they need something. Answer a baby's cry as soon as you can; change or feed and burp him; make sure he is not hot, cold or in pain. Responding to a baby's cries teaches the baby that he can trust and depend on you, that he is loved and later that his actions have an effect. These are the most important things any baby can learn.

Babies' bodies are developing at a fast rate, and there are ways you can help. Lay the baby on his stomach several times a day so that he can strengthen his neck and back muscles by "head rearing" (lifting his head). If he is always on his back he can't work those muscles.

Here is a short list of Do's and Don't's for working with newborns:

***Do:***

- ✔ DO watch the baby to find out what her "signals" are.
- ✔ DO have a variety of objects for the baby to see, hear and touch.
- ✔ DO respond to the baby's cries for comfort immediately.
- ✔ DO talk to the baby. Have eye-to-eye contact.
- ✔ DO hold her often, and always during her feeding.
- ✔ DO move the baby into the room where the other children are when she is awake.
- ✔ DO talk to the parents everyday; you are all learning about the baby's rhythm and signals.

***Don't:***

- **x** DON'T let the baby "cry it out."
- **x** DON'T keep the baby in the crib or playpen all day long.
- **x** DON'T overdress the baby so that movement is difficult.
- **x** DON'T worry about spoiling a baby; a baby cannot be "spoiled" by having you answer his cries.
- **x** DON'T prop the baby's bottle. Sugar in the milk could damage his gums, or he could choke, or he could swallow too much air.

Try holding and carrying the baby in different ways—on your right hip, on your left hip, over each shoulder, facing frontwards and backwards. This lets the baby see the world from a different angle, lets her use different sets of muscles and may have a soothing effect. Changing sides helps balance the exercise that your muscles are getting, too.

Another thing to keep in mind is that babies are more likely to use their muscles when the temperature is not too warm. This does not mean that the house should be cold—cold air and drafts are bad for young children, and especially for babies who are crawling on the floor. But at the same time, don't keep a newborn so bundled up that he can't move, or keep him so warm that he can't stay awake.

### Things to keep in mind about newborns:

❶ Babies show they are looking and listening in lots of ways.
❷ Every baby has a unique rhythm. No two babies will be on exactly the same schedule.
❸ Some babies have a harder time establishing a schedule than others.
❹ The baby enjoys seeing the entire house, not just the room where the crib is placed.
❺ You can find good toys and mobiles at second-hand stores, or you easily can make inexpensive toys at home.

***✓ The most important thing you can give a baby in your care is YOU.***

## HOW A BABY LEARNS TO MOVE

The first two years of life are years of incredible growth and change. Babies go from being totally dependent on adults as newborns, to being quite independent as two-year-olds. As a newborn, many of a baby's movements are reflexes, involuntary, or not controlled by the infant. By the age of two, a toddler can walk, run, climb stairs and feed herself.

In this section you will read about stages of physical growth. As you read, keep in mind that:

✔ ***All babies grow in different ways and at different speeds.***

Child development experts divide physical growth into two areas: fine motor and gross motor. Fine motor refers to the skills of reaching and grasping. These skills involve getting control of the fingers and hands. The word "gross" means "large," and so gross motor refers to the development of the larger muscles. When you read about gross motor, then, you are reading about a baby learning to sit up, crawl and walk.

One important thing that babies learn is to begin to get control of themselves. You can watch them doing this in lots of ways: a young baby comforting herself by thumb-sucking, a baby struggling to feed herself, taking off her own shoes, or a toddler learning to use the potty are all examples of learning control.

We can think of a baby's main goals as stability and mobility. She has to be stable before she can be mobile. If she is still wobbly when she is sitting on her own, she isn't yet ready to crawl. Once her sitting is stable and secure, don't be surprised if she soon learns to crawl.

There is a basic order of movements that babies pass through, even though some babies may continue to do one thing for a shorter or longer period than other babies. Because of these differences, the ages we give are only general guidelines.

Babies' control develops from head to toe. In other words, a baby's first job is to control his head. When a brand new baby is in your care, you need to support his head when you hold him. But only a few weeks pass before he has learned to do this himself. After he has his head and neck under control he moves to his upper back. When you put a baby on his tummy and he lifts his head and shoulders off the floor, you know he has gained control of his upper back. The next area he works on is his trunk or mid-section, when a baby learns to sit and be on all-fours. Finally, legs become coordinated with the rest of the body so that he can carry the weight of his whole body on his legs when he is standing.

At the same time the baby is working on gross motor (large muscle) control, she is also working on fine motor (small muscle) development and eye-hand coordination. She will develop from a tightly fisted newborn to a two-year-old who can point, put on some of her own clothes, and scribble. But there is much to learn between those two points. She will first: learn to get her hand to her mouth; begin to reach; learn how to move a toy from one hand to the other; grasp things between her thumb and fingers; let go to drop or throw; and then point and eventually hold crayons to scribble.

### Things to keep in mind about physical development:

❶ Make sure clothes are loose enough that babies can move freely.

❷ Be aware that all babies develop at different rates.

❸ Give babies plenty of safe crawling space outside of their cribs and playpens.

Here is some of the physical work that babies do:

*O-3 months*

- controlling head
- opening fist
- bringing hands midline

Baby is working on head control. She may be able to lift her head up a little and hold it for a few minutes.

Baby begins with a fist always held tightly closed. Soon she begins to hold her hand open more often. At about the same time, she will watch her hands and fingers move. She is likely to bring her hands "midline," or in the center of her body and feel one hand with the other.

*3-6 months*

- rolling over
- pushing up on forearms
- discovering hands and feet

Baby has much better head control and is beginning to get control of his trunk. He can roll from tummy to side, side to back, or side to side. Next he'll be able to roll from back to side, and will be able to push himself up on his forearms and hold his head high.

He has found his hands and loves to play with and suck them. Next he discovers his feet, and sucks them. He can hold things with two hands. He is learning to tell how far away something is by figuring out how much he has to stretch in order to reach it.

*6-9 months*

- sitting up
- grasping

Baby is now working hard on her back muscles. At first she will be able to sit up by herself for only a few seconds at a time. Within a month or two, she'll sit quite easily on her own and will be able to turn around while sitting. Her arms are stronger, and she may get in the crawling position and rock back and forth.

She is beginning to be able to hold something between her fingers and thumb and use her fingers separately from her thumb. She can hold a different toy in each hand at the same time, can open and close her hand in a "pincer grasp" to pick up things and can reach across the middle of her body ("midline") for a toy.

*9-12 months*

- crawling
- pulling up to a stand
- dropping, throwing, pointing

During this period of growth, the baby will focus on motion. He will become a whiz at crawling and will pull himself up to a standing position (he may need your help sitting down again). He will begin walking with support—holding on to you or to furniture.

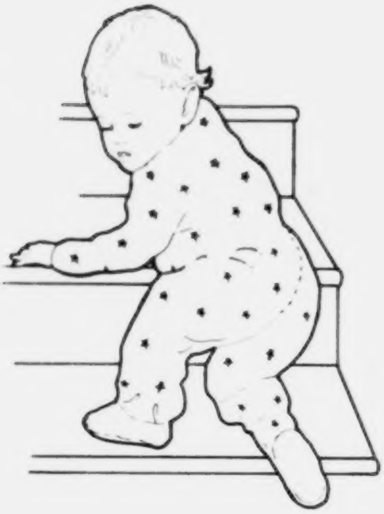
This is the age of dropping and throwing. The baby may be pointing and sticking his finger into holes. He soon learns to hold two toys in the same hand. Mealtime may be messy, as he may insist on helping with feeding.

*12-18 months*

- toddling
- stacking

The infant will walk on her own, but at first she may need to pull herself up by something in order to stand. Soon she can move from sitting to standing by herself. When she walks, her arms will be held high to help her balance. Many people call children "toddlers" at this age.

The toddler's grasp is nearly perfect. She can make marks with a crayon and is beginning to stack one block on top of another (probably she'll be much more interested in knocking blocks over than in stacking them up). By the end of this age range, she may be able to take off her own shoes, stack three or four blocks, turn pages in a book and feed herself fairly smoothly with a spoon. Even though she may still be drinking from a bottle, she is learning to drink from a cup, as well. This is still a messy mealtime.



*18-24 months*

- walking
- climbing stairs
- scribbling

Walking is easier now, and his arms are at his side. He begins to climb up stairs (both feet on each step), and can bend over without falling. Pull-toys are good at this age. By the time he is two he can turn doorknobs and maybe unscrew lids (so be careful about what jars are in his reach). He probably scribbles with crayons and is learning self-help skills like handwashing and putting on his own shoes, socks and mittens. These skills are still difficult, though, and he will need help.

Following these skills, the young child learns to keep her balance while kicking a ball, to jump and to walk on tiptoe. These will probably happen between the ages of two and three.

## PHYSICAL ACTIVITIES

*O-3 months*

- Make a mobile. Hang brightly colored kitchen items from a string (plastic measuring cups, spoons, etc.)
- Massage the baby gently. Rub arms, back tummy and legs. Rub with your hands or using different fabrics: try a silky scarf, a thick bathtowel, cotton balls. (Watch for signs of allergies to these materials.)
- Make a jingle roll. Cover one end of an empty toilet paper roll with masking tape. Drop a jingle bell in the roll and tape the other end shut. (Check the Jingle Roll often to make sure the tape is tight and secure.) This is a good toy until the baby starts to mouth.

*3-6 months*

- Make a feely ball. Collect different kinds of scrap materials, like terrycloth, felt, corduroy. Cut into diagonals of the same size and sew them together into a patchwork ball. You might sew a bell inside, too.
- Place blanket or crib mattress on floor and put unbreakable mirror along the side.

- Ears-and-eyes rattle. Shake a rattle a little to the right of, and a little behind, your baby's head. Wait for a response, or ask, "Where is the rattle?" Repeat to the left, and repeat above the baby's head.

*6-12 months*

- Sit the baby on the floor or in the grass. Roll a ball to the baby, and to the left and right of the baby. Encourage him to get the ball.

*9-12 months*

- Give the baby a hand puppet. (You can make one out of a sock.)

*12-18 months*

- Give the baby paper and a crayon. Encourage scribbling.
- Give the child a pull-toy on a string.

*18-24 months*

- Simple puzzles and shape boxes are good at this age.
- Encourage stretching up and squatting down. Sing, "Can you reach up high? Can you bend down low?" In the Appendix of this book you will find other movement songs and games. These are fun outdoors and indoors.

## LANGUAGE DEVELOPMENT

One of the most important things a baby learns is how to communicate. Communication means an exchange of information, or a sharing of thoughts and needs. Communicating can be done with words, with gestures or expressions, or with body language. We're all communicating all the time.

One way babies have of communicating is to cry. At first babies cry because they are uncomfortable. Soon they learn that when they cry, someone will give them what they need. A cry then means, "I'm wet; please change me," or "I'm

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hungry." By crying a baby can express his need and get something done to make him feel better.

Smiling and laughing are ways of communicating, too. Smiling and laughing says, "I like it when you do that." Even at a very early age, babies can get lots of different messages across to their caregivers.

In general, you can think of language development going from babbling to words, or from uncontrolled sounds to thought-out speech. To learn to speak a baby must learn how to make specific noises, and this is harder than it seems! For a baby to speak English, he has to figure out how to shape his mouth and move his tongue to make over 40 different sounds! So—when you hear a baby babbling and making strange sounds, keep in mind that this is good practice for speech.

**Baby's talk.** Young babies are not yet able to make all of the sounds that we can as adults. They start off with simple sounds and gradually learn to make the more difficult sounds. This is why a baby will say "baba" instead of "bottle;" she simply is not capable of the "-tle" sound.

A baby's speech depends a lot on what she hears. She cannot learn to say a word she has never heard. On the other hand, she is always trying to sound like you and other people around her. So if you say "baba," don't expect the baby to say "bottle." She will think that "baba" is really the right word. The baby doesn't need to be corrected for saying "baba," she just needs a good example to copy. Show her you understand what she is communicating by saying, "You want your bottle."

Even before they are able to say words, babies like to play sound games. Imitate the baby's sounds and then wait for him to say them back to you. This not only helps the baby learn sounds, but also helps him learn that conversation means taking turns.

He will learn names for things and pronunciations from you. Since he is always trying to imitate you, he will learn a lot from your correct speech. If you speak "baby talk" and later try to un-do it, the child will get confused.

Since a child can't learn words that he hasn't heard, the best thing you can do is TALK. Talk right to him, slowly and distinctly, and wait 5-10 seconds for him to respond. Expose the children in your care to new words. Make new words a part of daily life. Remember that for a baby, all words are new.

> Rhonda has a 13 month old baby in her care. Rhonda has gotten very good at knowing what the baby means when he points and says "Unh." When he points at the refrigerator at noon, she automatically answers him by reaching for the milk. When he points to a favorite toy and says "Unh," she knows to hand him the teddy bear.
>
> This provider is not helping her child. The older infant is not learning how to talk because he is not hearing the words to say. He is not being given any reason to talk, since he gets what he wants without saying a word. If Rhonda says, "Do you want milk?" or, "Yes, you said milk," every time the baby points to the refrigerator, pretty soon he will learn to say the word "milk" instead of "unh." One of the most important things you can do is to talk to your babies.

Language gives children a great tool for understanding their world. It also gives them a chance to crawl or walk farther from you and still feel "attached"—often by just a word or two between you.

✔ ***Babies need encouragement and patience.***
***If babies are praised for their efforts***
***they are likely to learn quickly.***

**Things to keep in mind about language development:**

❶ Children learn to speak at their own pace; don't compare them. Some will always be more verbal than others.

❷ Children imitate or copy the speech of the adults around them. If you speak in a loud and angry tone, the children in your home probably will, too.

❸ Newborns respond best to high tones, so when you play with a little one, speak in a voice slightly higher-pitched than normal in order to get her attention.

❹ Babies learn language from people talking directly to them. This is different from simply hearing the television or lots of people talking around them all the time. Read out loud to the children.

❺ Language is more than just learning words. To communicate means that there is give and take. Give babies examples of the give and take: talk to the baby and wait for a response. The baby will not understand what you are saying, but she will understand that the two of you are exchanging something. Babies communicate by saying "uh" or "see," in order to share an interest, request an object, or get the caregivers to name an object. Respond to these gestures with smiles and words.

❻ Speak slowly and give the baby time to respond.

❼ Infants may respond better if you find out what common words are used in the child's home. Suppose you are potty-training a child whose parents speak Spanish or Vietnamese. He may have a hard time understanding what you want when he is used to hearing the word "potty" in another language. Learn to say mom and dad in their language.

❽ Many families use pet words. Use these same words and names at your home so the child doesn't get confused. Find out what the child is called at home—her full name or a nickname? Find out what words the parents use for going to the bathroom, for bottle, and for other key words.

No one knows exactly how babies learn to talk, but we do know that most babies learn in this basic order:

### *O-3 months*

Babies are born knowing how to make noises. They communicate through cooing, gurgling and crying. They listen to the sounds around them and find ways to respond: by kicking, stopping movements, blinking, turning to look for the sound, laughing, or, if the noise is startling, crying.

### *3-6 months*

Babies may begin using consonant sounds, usually pah, bah, dah or mah. The baby might sound like she's saying Papa or Mama, but most likely she doesn't know the meaning of the sounds. What she is doing is very important, though—she is learning to tell apart close-sounding noises, and learning how to make those sounds with her own mouth.

### *6-9 months*

Not only does the baby respond to sounds, but he pays attention to tones of sounds, too. He can tell when the person speaking to him is happy or sad, encouraging or annoyed. He "talks" to himself a lot, doing what we might call babbling. Babbling is a good way to practice making new sounds. He tries to copy the mouth and lip movements of others, and will watch people with fascination when they talk. Some babies put their hands in the mouth of the one talking, as though they are trying to find out exactly where the sounds come from.

He repeats sounds, saying mama, dada, baba; he probably doesn't know that these sounds mean anything, but making the sounds is a step toward saying words. A baby at this age might know his own name when you call him.

### *9-12 months*

By the end of her first year a baby is saying a few real words. She begins to use gestures with her words, such as waving while saying "bye-bye," showing that she understands what she is saying. She understands the word "no," and usually will stop doing something when told "no." Her first words are usually names for familiar things—cat, dog, ball.

### *12-18 months*

Most babies are able to name more and more things. They use one-word "sentences," such as "milk" for, "I would like some more milk." These babies talk a lot to themselves, often loudly, making up words as they go. They have "jargon"—their voices sound like they are making complete sentences, but the sentences are made up partly of real words and partly of babble.

### *18-24 months*

A baby might now begin to use two words together in simple sentences. She tries to repeat just about anything that is said to her, and especially loves nursery rhymes and songs. Some words she is able to use are me, mine, I, you, no, thank you, and come here. She is able to understand far more words than she can speak. By the age of two she may say as many as 50 words.

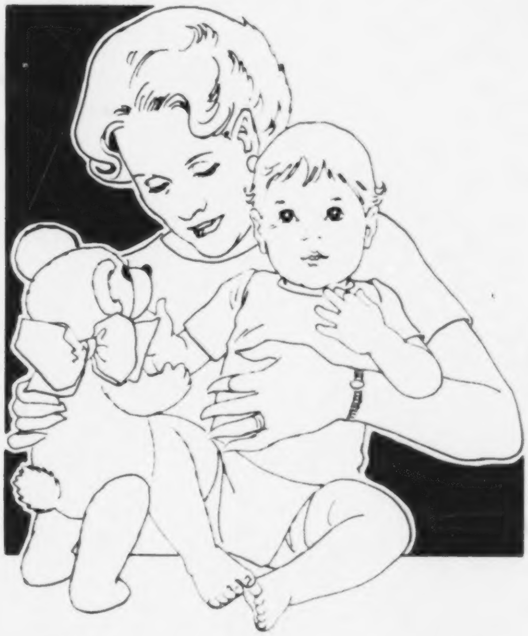
## LANGUAGE ACTIVITIES

### *2-6 months*

- Lay the baby on her back on the floor, and kneel beside her. When she makes sounds, tickle her tummy and smile. Repeat the noises she makes while looking into her eyes. Give her time to respond.

### *4-8 months*

- Hold the baby on your lap, facing you, and close enough so that he can touch your face as you talk. Play sound games with him; say brr-own, grr-ate, bzz-y. Give him time to try the sounds. Smile, laugh and cuddle when he tries the sounds. His noises will not be like yours; any effort should be praised.
- Hold the baby in your lap and show her a picture in a magazine. Point and say, "Look at the car. Here is a dog. Here is a tree." Point and say, "What is that?" Wait for any reaction, then say "That's a tree!"



*6-12 months*

- Name and describe objects in your house: dog, cat, table, chair, bed, door, lamp, rug, etc. Ask the baby what it is. Praise all efforts. Repeat the name of the object.

*9-12 months*

- Point to the baby's nose and name it. Help her touch her nose. Repeat with arm, eye, mouth, head, ear, foot, toe, etc.

*12-16 months*

- Hold the child on your lap as you read a story. Ask him to find things in the picture; ask him what is happening in the picture. Where is the tree? Find the cat. What is the girl doing?
- Put familiar objects across the room. Say, "Go get the ball. Bring me the ball." Then, "Yes, this is a ball. Thank you for bringing me this red ball. Now bring me the spoon." Etc.

*12-18 months*

- Ask the baby to point to other children. Where is Katy? Where is Donny?

*18-24 months*

- Listen to familiar sounds with the child and imitate the sounds together. "A dog goes woof, woof. You can do that, too." "Airplanes go zoom. How does an airplane go?" Show her pictures of the things. Listen to quiet noises together: the clock ticking, the refrigerator humming, the rain falling.
- Sing simple songs and nursery rhymes. The older children will enjoy this, too. There are songs and rhymes in the Appendix of this book.
- Sing along if you hear the child chanting or singing a made up song, enjoying the rhythm and nonsense words together.

## HOW BABY THINKS

The baby's physical and language development is easy to understand because you can see and hear it happening. You know when a baby is learning to crawl or to say certain sounds. But you can't see inside the baby's head to see how her thought processes are growing. And yet, this is one of the most fascinating ways that babies grow.

People in child development call this area "cognitive development." The word "cognition" means "to come to know," so cognitive is really a perfect word to use. "To come to know" tells us that knowledge and understanding don't just happen overnight—but as part of an entire process. This section is on the way babies come to understand and deal with their world.

In infancy, children learn through their senses, taking in information based on what they see, hear, touch, taste and smell. As babies continue to learn, they take in more information about the world around them. These pieces of information build on each other and are the basis for the next stages of development and for all later learning.

One piece of information is that things still exist even if you can't see them. Some people call this rule "object permanence." A baby who has learned object permanence will look for a toy you hid under a blanket, or will know that a ball

that rolls under the sofa is still there. Earlier, the baby might have thought that when the ball disappears it no longer exists.

A second thing babies learn is that there are lots of ways to explore. These ways of exploring are called "schemes" by some people. Through exploring, the baby learns what she can do with things. She mouths, fingers, drops, squeezes, bangs and, finally, combines things to find out what will happen. She is like a little scientist who is discovering the properties of elements. She is discovering how things behave—round things roll, rubber things bounce and padded things can be squeezed. She learns that an action has a result. This is called "causality." One thing causes something else.

A baby also learns that one object can be used as a tool to get another one. For example, she learns that she can pull a string to get the toy at the end. Or she can use a stick to get a toy that is out of her reach. This is called "means-ends." A tool or an action is a means to reach a certain end or goal.

Infants also learn in the first two years how objects relate to each other in space. They learn the concepts of in, on, next to, under and above through dumping, filling, stacking and banging together.

As the child grows, he can think of things in groups. Early on he might think that all four-legged animals are dogs. Later he will understand that some animals on four legs are cats and others are cows and others are dogs. He continues to learn about similarities and differences, or how things are the same and how they are not.

A one-year-old usually thinks only about the present—what is happening right now. Understanding what is going on at that moment is a full-time job. As he grows physically, cognitive growth becomes easier, too. When he can move around, explore, reach and grasp for things he has more of a basis for understanding what is out there. He develops a memory, and that, along with the important skill of language, helps him understand.

### Things to keep in mind about cognitive development:

❶ Babies are never too young to learn, and they learn with every experience.

❷ Babies and children are always learning something; a game is never "just a silly game;" games help children understand.

❸ Everyone learns and grows at a different rate. Give the child praise for the skills she is learning, and don't compare those skills with someone else's.

❹ Learning, like physical and language growth, comes in spurts. A baby may get so excited about something new he is learning that he stops practicing other skills. There is no need to worry about this. Let the baby decide what skills he wants to work on, and encourage him in those.

❺ To encourage a child's curiosity, keep her environment interesting. She can learn a lot from books, too.

❻ TV offers a few good children's programs. But children can learn a lot more from you and the learning activities you plan.

Here are some of the ways babies learn to understand their world:

### *O-1 month*

- recognizing faces and voices
- adjusting to schedules

Baby looks hard and long at your face if you bring it close to him, and he knows your voice when he hears it. He does not yet think about himself as different from others; he doesn't know where his body stops and something else begins. In fact, he isn't even interested in asking this question. During this first month or so, babies are learning to adjust to familiar routines of sleeping, eating, diapering and playing.

### *1-2 months*

- tracking objects with eyes
- exploring by mouthing
  (this continues all year)

When she looks at your face she may try to copy your expressions. She is learning which muscles to use to make a smile or a funny face. She can follow a moving object with her eyes. Her great discovery now is her mouth—she uses it not only for food, but to "feel out" or explore new toys. She will use this "mouthing technique" for about the next year.

### *3-6 months*

- responding to pleasure
  (smiling and laughing)
- exploring by mouthing and looking around
- connecting sight with sound

Now when the baby smiles, it is not only to imitate you. Smiling is spontaneous—it is a way of showing pleasure. You probably make him smile a lot whenever you talk to him or stroke him or show him a toy. Soon he will begin laughing when you or the children talk and play with him. When you put him on his tummy he lifts his head and looks around, curious to see what is out there. Not only does he learn through looking, but he is also strengthening his back muscles at the same time.

The baby is learning about time. Not that he knows what 5 o'clock means, of course, but he can anticipate events. He knows when it is feeding time, and gets excited because he knows what is coming. At the same time, his memory is beginning to develop. The baby also is learning to connect sight and sound. This means that when he hears a noise he looks around to see what made the sound.

*6-9 months*

- understanding self as separate from others
- fearing that someone who is gone can never come back
- imitating older children and adults

She is learning new skills and will practice them over and over again. Now she knows that she is a separate person and that other people, like you, exist. As a result, she gets scared around strangers because they are unknown to her. A baby at this age may have a hard time saying goodbye to her parents when she is brought to your home in the morning. Now she knows that she is separate from her parents. Watching the parents leave is scary, because the baby isn't entirely sure that they will come back. Once she is settled in at your home for the morning, she may not want you out of her sight for the same reason that she didn't want her parents to leave.

Another reason that a baby at this age is so fearful is that she thinks that if she can't see something, it no longer exists. If you hide a toy behind your back, she won't look for it: she will think it is gone. She has the same idea about people, too, which is why she doesn't want to let you out of her sight. She is afraid that you will never come back.

She likes to look at herself in the mirror, and she learns by imitating others and repeating her actions. When a toddler or preschooler in your home talks to her, she will laugh and may try to copy the talking sounds the older child makes.

### *9-12 months*

- learning that unseen objects continue to exist
- understanding some words

At this age babies learn what some people call "object permanence." They are learning that a toy or a person still exists even though the baby can't see them. If you show him a toy and then hide it behind your back, he will point and reach for it. If you show him a toy and then partially hide it under a blanket, he will lift up the blanket to find the toy.

He may be able to understand certain words and short sentences, and he loves to play games. Peek-a-boo is an all-time favorite. Games are ways of learning, too. He is learning what happens to toys when he drops them (no doubt he'll have more fun at this dropping game than you will!). He is also learning about what noises different things make, so this is a good age to give him things to shake, rattle and bang.

### *12-18 months*

- exploring by experimenting
- filling and emptying containers

This is an age of even more exploration than before. The child can get around quickly by herself, and she is curious about everything. She likes "reading" simple books and may understand some words you say, such as like bottle, ball, drink. She may even begin to say a word or two.

She understands her part in simple routines and may know to hold up her arms when she is being dressed. Experimenting is an important way she learns, and so she tries different ways of doing things just to see what will happen. Her experimenting may be messy and you might get frustrated; remember, though, that she is learning important lessons. By the end of this age range, she will probably love helping you with simple household chores. She is interested in filling and emptying containers.

### *18-24 months*

- pointing and naming
- responding to requests

When you are reading to this child, he will point to the pictures of things you are naming. He is learning parts of his body and may be able to point to his nose when you ask him and then point to your nose, too. He will begin bringing you things he likes or things he has problems with. Soon he will respond when you say, "Bring me your shoe," or other simple requests.

By the time he is two he may enjoy playing by himself, he may pretend to write by scribbling, and he knows the names of a lot of toys and household objects. He knows your daily routines quite well; he understands that Mommy comes after naptime, and remembers the orange juice popsicles you made for snack last week.

## COGNITIVE ACTIVITIES

### *O-3 months*

- Show an upset baby the bottle or pacifier before you let him hold or suck it. Let him connect the sight of the object with the way he uses it.
- Sew faces or bells on socks or mittens and put the "puppets" on baby's hands and feet. They may attract his attention and help him "discover" his hands and feet. Be sure the bell is secure and won't accidentally be swallowed.

### *3-7 months*

- Introduce shaky and squeaky toys. (Squeak toys that are made for dogs are better sometimes—they are softer and easier to squeak.)

*4-8 months*

- Hold a favorite toy out to the baby. When she reaches for it, quickly cover it with a blanket or towel; leave some of the toy showing still within reach. Say, "Where is your ball (or doll or rattle)? Find the ball."
- Mirror play. Hold the baby in front of the mirror. Say, "I see Julius! Look at Julius." Hold a toy behind his head. Let him see himself and the toys in the mirror. Name and describe each toy. "This is a ball and it's round." Naming each toy will help the baby's language development, too.

*6-12 months*

- Play peek-a-boo. There are many ways to play: Cover your face with a blanket, and either you or the baby pull it off; cover the baby with the blanket and one of you pull it off. Find out which ways the baby likes to play. This can be a regular favorite at diapering time.
- Hide a toy in a bag or box, with the baby watching. Ask the baby, "Where's the toy?"

*10-18 months*

- Building blocks. Show the baby how to put one block on top of another. Show her how to take the top block off. Let her build 2 or 3 blocks and take them down.

*12-18 months*

- Give the baby an empty oatmeal box or ice cream carton. Show her how to fill it with toys. Show her how to empty the box. Repeat. Or give the baby an old pot or pan that you don't use anymore.
- Play hide-and-seek.

*18-24 months*

- Put three large and three small blocks on the floor. Pile the blocks in different patterns. Talk about what size block you are using. Ask the baby to hand you a big block. Say, "Yes, this is big." Ask for a little block. Say, "Yes, this is little." Let the baby play alone, too.
- Give the child a pan of water and a set of plastic measuring cups and spoons (or other cups of different sizes). Let her experiment with water and with pouring.
- Show the child how to play with stacking blocks.

- Grouping games. Put toy cars and trucks together in a pile. Ask the child to hand you a car. Then ask for another car. When only one is left, ask for all the cars. Say, "See, all the cars are here and all the trucks are there." Let the child "help" you sort your laundry. Can he hand you a sock? A shirt?

## HOW BABIES RELATE TO OTHERS

The baby in your care is growing up, learning to talk and coming to understand her world. She is not doing this in a vacuum, though, or in an empty space all by herself. She is growing while being surrounded by people—by you, the other children in your home, and her own family. This section is about how she involves herself with the people in her life.

Child development specialists call this area of growth "social-emotional." Social refers to how one person relates to others, and emotional refers to one's feelings about oneself and others.

Even newborns have a little time to be sociable, even though they sleep so much in the beginning. But before very long at all the baby shows pleasure in your interactions; she will be sociable and smile when you are with her, feeding, diapering or playing. She seems to enjoy staring at faces, and may look from one person to another. Soon she will begin imitating the people around her—copying their facial movements (smiles, frowns, funny faces), their gestures, the sounds they make, and how they relate to others.

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The way babies play has a developmental order, too. From early on they are interested in watching older children play, and respond to attention with smiles. Next, they play by being able to grab a toy that is handed to them. Babies begin to observe other children at play, and at some point will begin to imitate them. The next kind of play, called "parallel play," is when the children are able to play happily next to each other. Later they learn to share and to play with each other.

Babies seem to be born with their own temperaments, or characteristics, and they seem to keep these all their lives. Stella says that Jenine was always smiling as a baby, and she still smiles all the time as a 20-year-old. Kay remembers that Stacie was always daring as a baby, and now, at age 19, she is still just as daring. Children thrive in an environment that adjusts to their temperament. A shy child needs more time to get involved; an active child needs space to run and jump without hurting anyone.

You might say that a baby has two jobs in terms of social-emotional development. The first job is to become "attached"—to trust you and to feel secure. That job is possibly the most important step he will take. He wants to please you and his parent; he wants to show you things and share his feelings with you. He wants to feel that he can count on you to comfort and protect him. You can help all this happen by noticing and responding to his needs.

The second job is to learn independence, to think of himself as an individual who can make choices. In learning this second job the child may say "no" a lot. The trust and security that you've given him are what makes it possible for him to learn independence.

Older infants sometimes have an unfair reputation; people refer to them as the "terrible twos." But toddlers are not intentionally bad. The toddler is struggling very hard to be an independent person, and she isn't sure what that means. One of her first reactions is to say "no" to everything as a way to assert herself and do what she wants to do. She is not so much disobeying you (although it may feel that way sometimes) as she is trying to find a way to do things herself.

### Things to keep in mind about social-emotional development:

❶ Babies who have warm, loving relationships with their caregivers are more likely to have friendly, healthy relationships with other people.

❷ Babies have emotions, too. They feel anger, joy, sadness, frustration, and love. They need to know that feelings are OK.

❸ Every child is different, and every child has her own emotional needs. Don't expect every baby and toddler to have the same likes and dislikes.

❶ Many children have a special toy or blanket that they carry with them everywhere they go. They have an easier time adjusting to a new place if they can bring their favorite doll or toy with them.

Here are some of the ways that babies grow socio-emotionally:

*O-6 weeks*

- smiling
- turning away when bothered

The newborn spends most of his time sleeping. By six weeks, though, he may smile when you talk to him or stroke him. He will grasp your finger if you open his hand for him. When a loud noise, bright light, or something else bothers him, he will turn his head away.

*6 weeks-3 months*

- smiling and gurgling
- crying and tensing the body

This infant has many ways of responding to her world. She may turn her head in the direction of someone speaking. She may smile and gurgle when she is being played with, held or rocked. When she is upset, she can show this by crying or tensing up her body. And when she cries, you can comfort her by picking her up and talking softly to her.

*3-6 months*

- smiling and laughing
- hugging
- crying differently for each need

At this age a baby has lots of ways to express his feelings. He may laugh and make noises to show how much he enjoys being played with and tickled. He may smile and hug you to show you how good you make him feel. And he has a different cry for every problem he has: there is a cry for being hungry, another cry for needing to be changed and a cry because he is in pain. He may also cry when he is left alone, as he now wants to be around other people.

### *6-9 months*

- socializing with familiar people
- fearing strangers

The baby is becoming much more active now. She may show you how happy she is when you play with her. She likes to touch and feel things, including your hair and face. Some babies put their hands in your mouth when you are talking to them. "Peek-a-boo" is a favorite game. She imitates the way adults communicate by making sounds and gestures of her own.

Around you and her parents she can be quite sociable. But around strangers she may have another whole set of actions. She may be very afraid of strangers and will find ways to let you know this. She may look away from them, hide behind you, or she may cry. She will crawl to be close to you and may not like you to be out of her sight.

She is able to show what she dislikes. You may see her pushing away food or toys that she doesn't want.

She will be very interested in other children, in the same way that she is interested in the toys on the floor or the pots and pans in the cupboard. You may have to move her gently away when she pulls a child's hair or crawls on top of them.

### *9-12 months*

- expressing likes and dislikes
- preferring certain people

The baby is becoming more clear about his likes and dislikes, and he is finding more ways to express himself. He clearly likes to be praised, and there are certain people he wants to be with. He may hide his face against you when someone new enters the room. When something bothers him, he really lets you know; he may protest out loud, or he may stiffen his body. He may feel hurt when he is scolded.

### *12-18 months*

- touching base while exploring
- communicating with a word or two

She is becoming more independent now that she is learning to walk and to say a few words. While she is excitedly exploring everything around her, she may also be a little scared by her own growth.

It is scary to venture off on one's own after having been dependent on an adult for so long. As a provider, you are her security. One way she has of dealing with these mixed feelings is to keep "touching base." She might go off a little way by herself and then all of a sudden feel a need to check in, or touch base, with you. So she comes rushing back and may cling to you for a minute or two. Once she feels sure that she is safe and secure and knows that you are there if she needs you, off she goes again to explore. Later she can "keep in touch" just by calling out from the other end of the room. Since everything is new and exciting to her, her exploring is fun to watch.

She knows what you mean when you say "no," and will probably stop doing what you are asking. She may be able to communicate with you by using the few words she has learned. She knows how to wave bye-bye. She watches how the older children play and may imitate them, although she is probably not ready to play with them.

*18-24 months*

- being affectionate
- testing rules and limits
- playing alongside others

Independence is really a key word now. The baby is newly aware of himself as a separate person who can make his own actions, and he wants to do everything himself. Occasionally this sense of being separate will be scary to him and he'll suddenly run back to you. Because his exploring may be unsafe, you protect him by saying "no." His feelings may be hurt; he doesn't understand why he is being restricted. He doesn't like to be told "no," or to be shown another way to do things. He may test, fight, slap, bite or kick either you or other children. He does not mean to be "bad;" he is learning about limits and about what he can and cannot do, so you need to set simple limits.

This young child can be a lot of fun, too. He may be very affectionate and give you lots of hugs. He loves to show you things he has done and discoveries he has made.

He is able to follow simple directions. He likes house-play and may begin to pretend or fantasy-play. He may act out with toys and dolls exactly what is going on in his own life. He may now be able to play alongside other children ("parallel play"), although actually playing and sharing with others may not happen all the time. You can support them by being available to help settle disagreements calmly and by making sure that each child feels loved and secure.

## SOCIAL ACTIVITIES

### *0-3 months*

- Respond to the infant's crying as soon as possible. Hold her or rock her. She will learn that she can trust people and will want to be around people. Sometimes, instead of picking her up, try talking and singing to her; gently rub her tummy.
- Put on some music, hold the baby, and let everybody dance.

### *3-6 months*

- Watch for signs during feeding that the baby wants to take a break to interact with you. Smile and talk during feeding, but not so much that he forgets to eat.
- Call her name as you approach her. If she looks at you when she hears you, praise her. Use her name often.

*7-9 months*

- Show how to wave bye-bye. Show how to clap hands. The other children can help.
- Hold your arms out towards the baby before you pick him up and wait for a response. Give him hugs and kisses if he reaches out even a little.

*9-12 months*

- Let each of your preschoolers have a special nursery rhyme to say with the baby.
- Play patty-cake, with the baby on your lap facing you.

*12-18 months*

- Ask the child at mealtime for one of his crackers. Be sure to say "Please" and "Thank you." Praise him for sharing with you.
- Give your children lots of affection. They will imitate you. At naptime say, "Would you like to give dolly a kiss?"

*18-24 months*

- Put a large piece of paper on the floor. Use newsprint, or open out grocery bags and tape them together. Give crayons to all the children and let them all draw on the same paper.
- Let the child comfort another child who is upset. He might pat or hug the upset one.

## IN THIS CHAPTER YOU HAVE READ ABOUT:

- newborns from birth to six weeks;
- how infants and babies up to age two develop skills in movement, communication, thought, and relationships;
- activities you can do to encourage infants to move from one developmental milestone to another;
- how each baby is unique and develops at her own pace; and
- how babies are always learning, even as newborns.

CHAPTER FOUR

# Understanding Infant Behavior

The best providers do more than react to a child's behavior: they anticipate, or look ahead to what the child is likely to do, and plan for that. Family day care providers spend a lot of time thinking about children's behavior—the way children act and the conflicts that may arise. More important, providers try to understand what behavior means.

Caregivers are not mind-readers, and they cannot always guess how a child will act. However, there are some behaviors that are very predictable and that you can plan for ahead of time.

You have already read about an infant's development in other areas (language, physical, cognitive, social-emotional). Behavior has its own kind of pattern, too, and this pattern goes hand-in-hand with how the infant is developing in the other areas.

**In this chapter you will read about:**

- common behaviors of infants and toddlers;
- behaviors that may require special attention, such as:
  thumb sucking,
  temper tantrums,
  biting, and
  masturbation;
- potty training; and
- learning self-control.

## COMMON BEHAVIORS OF INFANTS AND TODDLERS

Tiny babies are not all alike, as anyone who has cared for more than one can tell you. They come into the world with their own set of experiences, and each baby reacts to her environment in her own unique way. As she gets older and becomes mobile, dealing with her behavior may become more difficult.

Some infants seem hard to comfort while others seem happy all the time. It may take a while for you and the child to get used to each other. Here are some types of babies that you might care for in your home:

### Fussy Babies

> Jamal, six weeks old, has trouble falling asleep, trouble getting comfortable, and trouble feeding. He whimpers, dozes and is irritable a great deal of the time. Nothing seems to make him happy: he may act as if he wants to be held, but when the provider picks him up, he quickly acts uncomfortable; he may be upset because he's hungry, but doesn't really enjoy eating, either. He doesn't smile much, and he cries most of the time.

Jamal's behavior is not a reflection on his caregiver or his parents. This baby needs special attention and love. He can be hard to deal with, and may be so disruptive that you are tempted to tell the parents that you can't keep him. But a baby like this really needs the consistency and security of a single caregiver. Try to stick it out—you may be very happy with the results.

- Keep the unhappy baby warm, if this seems to relax him.
- Make special efforts to make eye contact and talk with this baby. He may not respond right away, but in the long run he will be happier.
- Try swaddling a very young baby or wrapping him tightly at naptime.

### Jumpy Babies

> At one month, Tamika is very jumpy and tense. Little noises take her by surprise and upset her. She is disturbed by her own kicking and twitching, and has a hard time falling asleep. She wakes easily, since almost any noise startles her.

If Tamika is treated very gently and with great patience and understanding, she slowly will start realizing that she doesn't need to be upset by everything. She needs a calm, quiet environment. She may have difficulty adjusting to a family day care home that has several small children, so be very patient.

- Handle this baby very gently but firmly. Talk to her as you approach her so that your touching does not come as a surprise.
- See if the baby is more comfortable when she is swaddled or wrapped tightly.
- Talk softly to her. Play soothing music if she seems to enjoy it.
- Carry her in a Snuggli or sling rather than leaving her in an infant seat or playpen.

## Sleepy Babies

> Wendell, eight weeks, is always sleeping, even as much as 7 of the 10 hours he is with you. He may wake long enough for a brief feeding and then fall right back to sleep again.

Some providers are thrilled to have a baby like this, because they take so little work. But these babies do need attention, too, even if they don't ask for it. They need to be shown that the world is a friendly, interesting place, and that they might enjoy being awake more often.

Even a baby who sleeps more than average should sleep less as he gets older. After a few weeks or a month you should notice that he is awake more than he was last month. If he is not staying awake longer, talk to the parents. Encourage them to discuss this with their doctor.

- Wake the baby up for feedings. A tiny baby cannot go very long without liquids. Make sure the parents know that their baby needs to be fed even if he doesn't cry for food. Ask the parents what kind of schedule they or their doctors want the baby to have.
- Make a point of smiling, cooing, talking, and cuddling with the baby when he is awake for feedings. Encourage him to get involved in the world around him.
- Keep colorful toys and mobiles in the crib so that he has things to catch his eye if he should wake in the crib.

## Timid Babies

Jonathon, who is seven months old, has been with the same provider for many months. When the older children come up to play with him, he looks scared and turns away. If they don't leave, he cries. He is especially uneasy around anyone who is new in the house or anyone who approaches when he and his day care family are on walks.

Jonathon needs time to learn that he can trust people. He especially needs to know that he can trust the people he sees the most—his parents and you.

- Don't force the baby to deal with strangers. Respect his feelings.
- Introduce new people gradually. Maybe one of the preschoolers could be his "special friend" for a while.
- Play hiding games like peek-a-boo.

## Wakeful Babies

Two month old Kadija sleeps very little. She has a regular sleeping pattern, she just seems to need less of it than other babies her age. She usually is the first to wake. She is always looking around her, and seems to like being around the older children.

Make sure that the baby is awake because she wants to be, and not because something else is keeping her awake. She probably will enjoy simply being in the same room with the other children, watching and listening to them as much as she can.

- Change her position often, and put her in different parts of the room; let her observe the other children until she is ready to participate.
- Change the toys and mobiles in her crib often.

Toddlers have a big job cut out for themselves (and therefore for you, too): they are learning about limits. Toddlers have to learn the limits of their own bodies—what they are capable of doing for themselves, and what they still need help doing. They also are learning the limits of their environment-"the rules," or what they are and are not allowed to do.

Grown-ups often make the mistake of thinking that very young children somehow know adult rules and know how to control themselves. Some grown-ups think that when a child breaks one of these rules (maybe by biting, grabbing a toy, or shouting), the child is deliberately trying to be bad. Most of the time, though, the truth is that the toddler simply is learning about limits.

Adults often forget that youngsters want approval. They want you to be happy with them.

Why, then, do they break so many rules?

**Learning what is acceptable and what is not takes time and practice.**

## Exploring Toddlers

> 13-month-old Juan is in the home of a new provider. The new provider has a beautiful aquarium full of fish and colored pebbles and even a castle. He toddles over to it immediately, until the provider comes and shows him what he can touch and what he can't.

Everywhere a toddler goes, there are new things he wants to find out about. He is curious and wants to explore; he doesn't understand that some things are too dangerous to play with safely. Also, his memory is still developing and he may not remember all the rules right away.

The more rules you have, the more time you will spend enforcing them instead of really being with the children. If you don't want a vase touched, put it out of reach. Then you don't have to keep saying "No," you don't have to keep worrying about the vase, and the children will focus on something else.

- Keep your rules simple.
- Expect a child to be curious. If you don't want a baby or toddler playing with something, put it away.
- Make your home a place where children can feel successful—filled with safe things they are allowed to play with.

## Limit-Testing Toddlers

> 18-month-old Enrique refuses to lie down at naptime. As soon as the provider gets him tucked in, he's up again. Either he wants a drink, or he wants a toy, or he wants to play. When the provider leads him back to his cot, he screams, "No! No!"

Bedtime is a favorite time for toddlers to protest. Often they refuse to rest even though they may be very tired. The baby is testing your rule. He wants to find out, "Did she really mean I have to go to bed? What will happen if I don't?" You need to insist gently but firmly on your rules.

- Schedule regular naptimes (or rest times, for the preschoolers) and stick to them.
- Let everyone know that naptime is coming: "Ten minutes until rest time."
- Plan quiet activities right before rest time to help the children wind down.
- Don't give the children sugar or caffeine, especially not before naptime. (Chocolate has both sugar and caffeine, as do many soft drinks.)
- Ignore fussing and crying once you are sure there is not something really wrong.

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## COMMON BEHAVIORS THAT MAY NEED SPECIAL ATTENTION

Some common behaviors of young children may be more difficult for adults to understand and to deal with than others. Some of these are sucking thumbs and pacifiers, holding security blankets, throwing temper tantrums, biting and masturbating. All of these behaviors are ways the infant has of releasing tension. People of all ages need to cope with anger, frustration and disappointment.

Everyone—children as well as adults—needs to feel OK about her emotions. It is OK for infants to be angry, and their feelings need to be respected. Young children need your help finding ways to express their anger.

If you punish a toddler for having a temper tantrum or for sucking her thumb, you may be giving her the message that her emotions are wrong—that somehow she is a bad person.

The infant or toddler has not yet developed other ways of dealing with her feelings. As soon as she does, she will give up the thumb sucking or tantrum throwing on her own. Punishment probably won't stop her from sucking her thumb: she'll simply do it secretly. If she has to hide her action, she probably will feel like she isn't a good person anymore. She may become depressed or very aggressive.

### Thumb Sucking

Thumb sucking is a good self-comforting tool for a young baby, but it can also be a hard habit to break when the baby gets older. Babies might suck their thumbs because they are hungry, sleepy or frustrated. Watch your babies and toddlers to see when they usually suck their thumbs.

Does Mikhail tend to suck his thumb when he has played hard for a long time? Maybe he is getting tired and frustrated. Watch out for signs that he is tired, and move him to a more quiet activity or a nap before he even wants to suck his thumb.

Find out the parents' attitude. Some families don't like thumb-sucking; others may not want you to interfere in the child's habit.

If a toddler suddenly begins sucking his thumb when he never used to, this may be a sign of something bothering him. Did he just get a new brother or sister? Has anything changed at his home or at yours? Try to deal with why he is sucking his thumb instead of simply making him stop. His thumb-sucking might be a way of asking for help.

Thumb sucking can lead to infections or to crooked teeth when the child grows older. Usually children have quit sucking their thumbs on their own long before they are old enough to do that kind of damage.

## Temper Tantrums

A two-year-old is learning about limits. He has to learn about the limits that you set for him, and he has to learn about the limits of his own abilities. He wants to be a big boy, but he isn't really big enough or strong enough to do everything he wants. He can talk, but he doesn't know enough words to express everything he wants. His world can be a very frustrating one.

A temper tantrum is an expression of extreme rage in a child. The child is beside himself—he is so angry that his whole body screams with his frustration. Tantrums should not be encouraged, or else the child will believe that this is an acceptable way of getting what he wants. At the same time, a tantrum in a very young child needs to be understood. Decide ahead of time how you will respond to a tantrum.

To help prevent tantrums take as much of the frustration out of his world as possible. Make your home one where he can be fairly free. If you are always saying "no"—"No, don't touch that," or "No, don't get in there," or "No, don't open that cupboard,"—then he is bound to be frustrated and will lose self-confidence.

Make sure that the toys, puzzles, games and activities in your home are right for the children you have. If all your puzzles are made for 3-4 year olds, your two-year-old is going to get very frustrated. But if you provide toys that are designed for his level, then he will learn and will feel a sense of accomplishment and pride.

Watch for signs that a tantrum is coming. Children usually have tantrums because they are tired or frustrated. Watch the children in your care: Have they been indoors too long? Are they hungry? Is it naptime? Have there been lots of visitors? Most of the time, a tantrum is a response to the environment. If you know the children in your care fairly well, you can probably tell when they are getting tense. Have quiet activities in mind for those times.

A toddler may get frightened by the power of his own tantrum. "How much power do I really have? Will someone protect me from myself?" When the tantrum subsides, he may need you for comfort and for reassurance that he is not a bad person just because he lost control. Sometimes you may need to gently stop the child if he is hurting himself, or another person, or breaking something.

Hold his hands or feet gently but firmly. He will feel much better about himself later if he has not caused any damage.

At the same time, he needs to know that there are better ways to let out his anger. After he has calmed down, acknowledge his feelings, but also get him thinking about another way to let off steam. Say, "Boy, you were really mad, Carlos. It's hard to be so mad," or, "You got frustrated with that toy, didn't you? Next time, when you start getting upset, put the toy down, or else ask someone for help." A little child may not always understand what you are saying, nor will he always be able to identify the anger when it's there, but slowly your message will sink in: you accept him and accept his feelings, but you do not accept the tantrum.

Some children continue to have tantrums long after they're old enough to tell you what is wrong. These children usually have tantrums because the tantrums work—their parents or their providers give them attention or something else they want every time. Even negative attention such as yelling or punishing can be attention that causes him to continue throwing tantrums. Limit harmful behavior but otherwise ignore the tantrum. Offer the child plenty of attention at other times.

### ✔ *Be consistent in enforcing rules.*

Adults should not make all the decisions for children. Children need to feel that they have some say in their lives. You can let them make all kinds of decisions: which puzzle do they want? what book would they like? The older they get, the more decisions they can make.

But when you make a rule, you need to stick to it all the time. If you enforce it once, and then let somebody break it once, you're in for trouble. Even toddlers can sense when there is a possibility that they can get away with something, and they will always push to the limit. For their sake and yours, you need to keep the limit line the same—keep the same rule for everybody all the time!

> Tieri asks for a cookie right before lunch. The provider, Ms. Jones, says no, and Tieri starts screaming. Ms. Jones ignores her, and Tieri screams even louder. Finally, Ms. Jones can't take the noise anymore. "Oh, all right. Here's a cookie." Tieri stops crying.

> Tieri has learned that Ms. Jones doesn't really mean no. All Tieri has to do is cry long enough and Ms. Jones will give in. If Ms. Jones had a good reason for not giving Tieri a cookie, then why did she change her mind?

When a tantrum is like Tieri's, a way of trying to get something she's not supposed to have, the best response may be to ignore the tantrum. If Tieri's tantrum doesn't get her the cookie, eventually she will stop throwing tantrums.

Children need for adults to be consistent. Children need to understand that when adults make rules, the rules are really for the best interests of the children. If rules change depending on the mood of adults, children stop trusting the adults.

Some providers have had success with "quiet time" chairs. Find a place where the child can go to be quiet and get control of herself again. Do not use the chair as punishment; offer time out as a way of helping the child calm down. The child should be able to rejoin the group again when she feels calm. Remember that even a few minutes may feel like forever to a two year old. Not all children benefit from this, so don't force it.

One provider uses an empty, infant-sized wading pool as a quiet time corner for little ones who can't sit comfortably in chairs. She puts in toys that encourage calming down.

## Biting

Biting is a very common problem wherever there are groups of young children. Anytime someone gets bitten, though, your first responsibility is to the child who was bitten. Comfort that child and wash the wound (see Chapter Six); when he is all right, then turn your attention to the one who did the biting.

Toddlers bite fairly frequently. Often they bite when they are very frustrated and they are trying to get some attention. They probably don't realize the result of biting—they don't mean to hurt anyone. Some people say, "Bite back! Show him that what he is doing hurts!" But if the child's biting is wrong, then why should you do it, too? Biting is also very dangerous; you could seriously hurt a child by biting.

Try to figure out what is happening to the toddler that is so frustrating to him. Is someone teasing him? Is something going on at home? Might he be jealous of a new baby in your family day care home? Try to make his playtime more simple, so that there is less to upset him.

Tell a toddler who bites that you will not allow him to bite another child. Say, "Wei Yng doesn't like to be bitten. It hurts! Wei Yng likes it when you touch him softly, like this." Show him what gentle touching is like.

Then keep your eye on him as closely as possible. If you see him getting angry or frustrated, suggest another activity. If you see him move to bite someone, stop him immediately. Keep your voice and your actions as calm, quiet and firm as possible.

Since biting can hurt so much, we tend to jump and get upset. This kind of excited attention can cause a child to repeat it. As with tantrums, stop the unacceptable behavior and give the child more attention when he is playing nicely.

Encourage him to "pretend" play, or fantasy play. Sometimes when toddlers do this, the provider can learn a lot about what is on the child's mind. If pretend play reveals to you what is bothering him, try to deal with the source of his unhappiness.

## Masturbation

Infants and toddlers are interested in all parts of their bodies. Their genital area seems no different to them than their noses or mouths. When toddlers are being potty trained, so much attention is focused on their genitals that they'll naturally want to touch them. Touching their genitals is innocent and harmless; they are doing nothing morally wrong.

Adults who make a big deal out of masturbation are only making the problem worse; the children will not understand why they shouldn't touch themselves, and may grow up thinking of their genitals as sinful and dirty.

Toddlers quickly grow out of touching themselves in public. If they don't see anyone around them doing the same thing, they will soon stop.

If masturbation seems to be a tension release for a child, help that child find other ways to feel better. If a child masturbates at a certain time every day, or after a certain activity, anticipate it and try to redirect the child to something else.

## Potty Training

There are no hard and fast rules about what age a child "should" be potty trained. Many children are ready to begin learning about using the potty or toilet when they are two years old, but each child is different and may be ready for potty training at a different age. It's common for boys not to completely be potty-users before the age of three. You and the child's parents need to work together, so be sure you discuss this with them.

Potty training can be a long process. A child may have accidents or wet at night or naptime for several years. This is perfectly normal. Accidents may be more likely to happen when the child is not feeling well, has just come to a new day care home, or is upset by something. Don't punish a child for an accident; instead, be gentle and understanding.

The more relaxed and matter-of-fact you are about potty training, the easier it will be for you, the toddler, and the parents.

✔ ***Babies have to be ready both mentally and physically for toilet training.***

Here are some signs of a toddler being ready:

### *Physical Signs*

- able to control his bladder; this seldom happens before a child can walk;
- able to control his sphincter muscle; this means that he can help push when he is having a bowel movement. This usually occurs somewhere between 18-24 months;
- able to stay dry for fairly long periods of time;
- indicates that he is about to urinate or have a bowel movement; this might be done by tugging on a diaper, or a boy might pull on his penis;
- able to tell you somehow that he needs to go to the bathroom; find out what words his family uses for bathroom, urine and bowel movement.

### *Mental Signs*

- shows an interest when other children go to the toilet;
- is uncomfortable when his diaper is wet or dirty; lets you know that he wants to be changed by coming to you and pointing to his diaper, or telling you.

### Things to keep in mind about potty training:

❶ Make sure that the child is able to get off and on the potty himself. He is more likely to have a movement on the potty if his feet can touch the floor or a foot rest.
❷ Tell the child simply and calmly what you want him to do. He may understand more easily if he sees other children using the toilet.
❸ Don't force a child to sit on the potty. He will slowly get used to the idea. Try again in a few days.
❹ See if the child is more comfortable if you are nearby when he is on the potty.
❺ Never make him feel ashamed for having an accident.
❻ Always praise and encourage him for using the potty.

## LEARNING SELF CONTROL

A provider's day often can be rough. Sometimes a caregiver may feel her patience has been pushed to the limit.

> Ms. Ellison is tired. She's just gotten over the flu, and her day care children are restless on yet another cold, grey day. Tonya, a four-year-old, keeps knocking over her twin sister's blocks. Donny, six months, cries whenever Ms. Ellison is out of sight.
>
> 20-month-old Emma walks up to Ms. Ellison and slaps her leg. "No, Emma. That's not nice." Donny starts to cry, while Emma laughs and slaps again. "Stop that, Emma!" When Emma slaps her again, Ms. Ellison grabs Emma and shakes her. "Don't you ever slap me again! You are a bad girl!" She pushes the screaming Emma down on a chair and walks away.

Ms. Ellison was having a bad day and she lost control of herself. Self-control is what providers want to teach their day care children, and children learn best by example. Ms. Ellison controlled Emma's behavior for Emma, and she did it by force.

Using physical force on a toddler never teaches that child self-control. Instead, force teaches children that they have to obey the strongest person. Dominating a toddler by your strength makes it difficult for the child to have self-esteem.

Adults can damage a toddler's feelings of self-worth simply with words, too. Calling a young child bad, stupid, ugly, or telling her that "only dirty pigs do that," or using a racial slur can make a child feel worthless.

Many people hear the words "child abuser" and think of some unknown, nasty villain in an oversized coat. But the truth is that each of us are capable of being child abusers. Most child abusers love the children they care for, and they don't mean to hurt them. But they "have a bad day," and lose their patience and their control.

### Things to keep in mind about behavior:

❶ No baby "acts up" on purpose. The infant or toddler is not behaving a certain way just to make you miserable.

❷ No baby or toddler deserves to be hit, slapped, shaken or jerked by the elbow.

❸ No child should be called names or be told that he is bad, stupid or ugly.

❹ The children in your care will learn about their own self-control by watching your example.

**If you have trouble relating to infants and toddlers without hurting them in some way, you should not provide care for them.** This does not mean that you are an awful person. Many people who used to abuse children have gotten help from counselors, ministers or priests.

### IN THIS CHAPTER YOU LEARNED:

- Keep your rules simple.
- Make your home a place where infants can feel successful.
- Praise behavior that you approve of.
- Let the children know that they are still OK people even when you are displeased with their actions.
- Find out if a child's behavior is because of something going on in the child's life. Deal with the problem, not the behavior.
- Let children know that all feelings are OK. Help them find acceptable ways to deal with their feelings.

CHAPTER FIVE

# Nutrition and Feeding

In order to stay healthy, we need to eat foods that give us nutrients (vitamins, minerals, proteins, fats and carbohydrates).

**In this chapter you will read about:**

- feeding issues to discuss with parents;
- what foods infants and toddlers should eat in order to get the nutrients they need;
- how feeding skills relate to the developmental milestones you read about in Chapter Three;
- scheduling feeding and weaning; and
- introducing solid foods to the infant.

## ISSUES TO DISCUSS WITH PARENTS

Before the baby comes into your home, ask the parents some general questions about feeding the baby:

- If the baby is being breast fed, will the mother bring expressed breast milk to you each day?
- If the baby is on formula, will the parents bring the formula, or will you buy it and pay for it from the money you receive as a part of your established fee for caring for infants?
- Will you join the Child and Adult Care Food Program so that you will be reimbursed for the cost of the food that you buy for children in your care?
- How much does the baby normally eat?
- What is the baby's feeding schedule?

- When will they want you to give the baby solid food?
- Is the child allergic to any foods, or is there a family history of allergies? A family history of allergies may mean that the introduction of solid foods should be delayed.
- Does the family have religious or cultural beliefs that affect their eating habits?

## DEVELOPMENTAL MILESTONES

A baby's physical development is reflected in her feeding. During the first several months, the baby is learning hand-to-mouth coordination. She continues improving this skill and at about 7-8 months, is able to grasp well enough to feed herself finger foods. At 10-12 months, she is able to hold a spoon. Her efforts at feeding herself from a spoon will be a bit sloppy for quite a few months. If you can be relaxed about the mess and give her plenty of practice time, she probably will be doing a pretty good job by 24 months. Look at "Developmental Milestones" chart (page 71) to see other examples of the steps in learning feeding skills.

## SANITATION AND SAFETY

Before preparing food and before feeding children, correct food handling methods are an absolute must if germs and illness are to prevented. A few of the most basic steps include:

1. Wash hands frequently with soap and water and always after using the bathroom, changing diapers, handling raw poultry and meat, sneezing, and using tissues or handkerchiefs and always before beginning any work in the kitchen. Be sure to wash both your hands and the children's hands before and after eating.
2. Keep work areas in the kitchen clean and well organized.
3. Refrigerate any food that is not being used at the moment. If it's not being prepared, cooked, or eaten, it should be in the refrigerator! Clean up any spills promptly.
4. Use only clean utensils to prepare, cook, and serve food.
5. Keep fingers and hands out of food as much as possible. Use utensils instead.

**Developmental Milestones**

| Months | Foods | Natural Responses | Developmental Skills |
|---|---|---|---|
| 0-3 | Bottle or breast milk | Rooting, sucking, swallowing, bite and gag reflex; loses liquid from corner of mouth | Hand-to-mouth coordination |
| 3-5 | Bottle or breast milk; may begin cereals | Increase in sucking strength | Begins reaching, opening mouth for nipple |
| 5-7 | Bottle or breast milk; introduce solids | Smacks lips, moves lips in eating | Positions mouth for spoon insertion, transfers objects, drops objects |
| 7-8 | Solids and mashed table foods | Cleans spoon quickly and easily with lips, moves tongue more in mouth; early chewing | Finger-feeding; holds 2 objects and bangs together |
| 8-10 |  | Closes mouth on cup rim; bites on objects; "raspberries;" munches cracker | Finger-feeds crackers; accepts one sip at a time from a cup; holds bottle; extended reach and grasp |
| 10-12 | Mashed or finely chopped foods | Licks food off lower lip; plays with tongue side-to-side in mouth; rotary chewing begins | Accepts four to five continuous sips from cup; finger-feeds small pieces; begins to grasp spoon; picks up small objects; places objects on table |
| 12-15 | Finely chopped foods | Spits food; licks all of lower lip with tongue; decrease in drooling | Grasps spoon and attempts to take to mouth; assists in holding cup; decrease in mouthing of objects; scribbles with crayon |
| 18-24 | Regular table foods; some finely chopped meats | Mature rotary chewing | Feeds self messily with spoon; drinks from cup and places on table; weaned from bottle; turns pages in book one at a time; unscrews lids |

6. Pick up and carry glasses by their bases, cups by their handles, and plates by their rims. Don't touch the eating or drinking surface.
7. Use a clean spoon each time for tasting food.
8. Do not smoke in the kitchen or around the children.
9. Always clean up any raw poultry or meat juices immediately. After preparing raw meat or poultry, clean the area and all utensils and cutting surfaces thoroughly with soap and hot water before preparing or serving

other foods. Raw meats and poultry contain bacteria which can easily contaminate other food and cause serious illness.

## INFANT FEEDING SCHEDULES

The baby will gradually settle into schedules for sleeping and eating. The schedule will change as the baby grows, but you will have an idea of approximate times for feeding. Arrange your family day care program so that you can give your attention to the infant at feeding time; this may be while the preschoolers are resting. Be relaxed about the baby's eating: she won't always be hungry at her regular eating times, and she should never be forced to eat. Babies know when they need food and will eat as much as they need. Look at the following chart to get an idea of which foods babies usually eat at different ages and times of day.

| Hour | Food | 3 Months | 6 Months | 8 Months | 10-12 Months |
|---|---|---|---|---|---|
| 6:00 a.m. | Formula or breast milk | 5-6 oz. | 7-8 oz. | 8 oz. | |
| 8:00 a.m. | Formula or breast milk | 3 oz. | 4 oz. | 4 oz. | 8 oz. |
| | Fruit | | 2-4 tbsp. | 6 tbsp. | ½ cup |
| | Infant cereal | | 2-4 tbsp. | 6 tbsp. | ½ cup |
| 10:00 a.m. | Formula or breast milk or juice | 5-6 oz. | 3 oz. | 5 oz. | 4 oz. |
| 12:00 noon | Formula or breast milk | | 4 oz. | 4 oz. | 8 oz. |
| | Vegetable | | 2-4 tbsp. | 6 tbsp. | ½ cup |
| | Infant cereal | | 2-4 tbsp. | 6 tbsp. | ½ cup |
| 3:00 p.m. | Formula or breast milk or juice | 5-6 oz | 7-8 oz. | 6 oz. | 4 oz. |
| 6:00 p.m. | Formula or breast milk | 5-6 oz. | 7-8 oz. | 4 oz. | 8 oz. |
| | Vegetable | | 2-4 tbsp. | 6 tbsp. | ½ cup |
| | Infant cereal or meat | | 2-4 tbsp. | 6 tbsp. or 1-2 tbsp. | 4 tbsp. |
| 10:00 p.m. | Formula or breast milk | 5-6 oz. | | | |

## FOOD FOR INFANTS

Many parents have trouble deciding whether their baby will be breast fed or not, and for how long. Because of the many advantages to both the infant and the mother, day care providers should support and even encourage mothers who wish to breast feed. There are several good reasons why breast milk is a healthy choice for the baby. Breast milk is inexpensive, causes fewer allergies, can protect against disease and putting on too much weight, and is easier to digest. Overall, we can say that breast milk better helps the baby to grow and is better tolerated than formula.

In many ways, breast feeding is also better for the mother. Breast feeding helps her body to return to normal after pregnancy and may protect her against breast cancer. Also, breast milk saves her time, because it requires little preparation. An obvious disadvantage for the working mother is that she either needs to be present in order to feed the baby, or she must provide expressed milk. If the mother is able to come to your home to breast feed, be sure to provide her with plenty of privacy and quiet.

If the mother brings you her expressed milk, you can store the breast milk in the refrigerator for 48 hours before it goes bad, or it can be kept frozen (in plastic, not glass) for six months. Thaw frozen milk in the refrigerator, not on the counter. Warm the bottle under hot running water, and shake before serving.

Although breast milk is the best option for both mother and child, infant formula is an acceptable alternative and sometimes is better suited to meet the needs of the infant's family. Once this decision is made by the parents and the infant's pediatrician, support whatever decision they make. If the mother is not breast feeding, then the baby should be fed iron-fortified formula. Iron is a mineral that is necessary for babies to grow. Most formulas are made from cow's milk in a special way to make it as much like breast milk as possible. Some formulas are made from soy milk for those babies that have an allergy to cow's milk or who for some reason do not tolerate animal protein very well.

In a country such as the United States, where the water is clean, it is probably not necessary to sterilize the infant's formula. However, the nipples and bottles must be washed with soap and **hot** water, rinsed, and dried thoroughly. Of course, it is necessary to wash your hands before preparing the formula in a clean kitchen.

If the baby's parents or pediatrician decide that the formula should be sterilized, there are two acceptable methods. The first method, **terminal heating**, is to mix the formula, pour it unboiled into bottles that have been washed but not sterilized, loosely put on the nipple and cap, and last, sterilize the filled bottles by putting them on a rack in a kettle, filling the kettle halfway with water, and boiling the water for 25 minutes. Tighten the lids as soon as the bottles are cool enough to handle, then refrigerate.

The second method, called the **aseptic method,** is to wash, then sterilize all parts of the bottles and measuring equipment by placing them in a kettle with 5 inches of water and boiling for 5 minutes. Prepared formula or formula made with water, both of which must be sterilized by boiling for 5 minutes, can then be added to the bottles.

To prepare formula, follow **precisely** the instructions on the can or bottle. Store prepared formula in the refrigerator. Once opened, canned or bottled formulas should be used within 48 hours.

Give the infant her bottle when the other children are resting or playing quietly. Feeding is a good time for special moments between you and the baby. Find a comfortable chair, and hold the baby on your lap. Look into the baby's eyes. Let the baby know that your attention is focused on her.

Some babies like to be burped; other babies don't like much motion that soon after eating. To decide what you should do, talk to the parents or try different things with the infant in your care.

Keep a cloth or diaper handy for spills or spit-ups.

Make sure the bottle is tipped so that the nipple is full when the baby is sucking. Otherwise, the baby will swallow a lot of air and become uncomfortable. If the baby is having trouble, try a bottle that has a nipple of a different shape.

**Always** use a spoon, not a bottle, for cereals and other solids. Food in the bottle may cause a baby to choke, can contribute to infant obesity, and does not help the baby to learn good eating habits. Bottles should be used only for water, formula, or breast milk.

**Never** serve babies Kool-Aid, tea, or soft drinks from either a bottle or a cup. These drinks contribute no nutrients to the baby's diet, can cause dental problems, and certainly do not teach proper eating habits to the child.

### Things to keep in mind about bottle feeding:

- Tip the bottle enough so that the nipple is full during feeding.

❷ Hold the baby while you bottle feed her. Make mealtime a warm, secure time. Have eye contact with the baby.

❸ Keep each baby's formula or expressed milk separate. Label the bottles for each child.

❹ Do not let a baby fall asleep with a bottle of milk, formula, or sugared liquid. The ingredients in the bottle "pool" in the baby's mouth and spread over the teeth, forming a substance that encourages the growth of the bacteria that cause dental decay. This rampant decay can occur even before the teeth erupt. A bottle of water or a pacifier can be substituted.

❺ **Never** heat a baby's bottle in the microwave as the milk can become overheated and seriously burn the baby internally. **Always** check the temperature of the milk before feeding the baby.

## WEANING

Weaning, or learning to drink from a cup instead of a bottle, is often a long process. Be sure to discuss weaning with the parents so that you both use the same approach. Even after a baby can drink from a cup, it is perfectly normal for her also to want a bottle occasionally. However, don't let a baby or toddler have a bottle all the time: this can damage the gums and teeth.

Start offering the baby a cup at about six months. Hold the cup for her the first few times, and let her try a sip or two. She will want to hold the cup herself. Don't fill it very full, and make sure the cup is light. Serving juice in a cup instead of a bottle uses a baby's natural preference for sweets to encourage gradual weaning from the bottle to a cup. Cups should have wide bases, covers, and large, easy-to-grasp handles. You might want to try a cup with a spout.

## INTRODUCING SOLIDS

Until an infant reaches 6 or even 8 months of age, all nutritional requirements can be met through breast milk or infant formula. There is no scientific proof that babies fed cereal or other solid foods sleep for longer periods than babies fed only formula or breast milk. It is important not to offer solids too early for several reasons:

1. A baby's digestive system is not completely developed at birth. Solid foods may cause stomach and intestinal upsets or allergic reactions.

2. The early addition of solids may cause the baby to eat too much and become overweight.
3. Early introduction of solids may reduce the amount of breast milk or formula the baby drinks; the baby may not get enough calcium, fat, protein, and other nutrients needed for proper growth.
4. Forcing a baby to eat from a spoon before he has developed proper muscle control of his mouth and tongue may be an unpleasant experience for you and the baby.

Watch for signs that the baby may be ready to begin eating solid foods:

1. The baby can sit up with support.
2. The baby holds head steady.
3. The baby reaches for objects and can grasp them.
4. The baby stops pushing tongue out when lips are touched.
5. The baby drinks 32 ounces of formula per day.

When a baby starts to show these signs, usually by 5 to 6 months, discuss the possibility of introducing solids with the parents.

Introducing solid foods to the baby is a joint venture that will require close communication between you, the parents, and the pediatrician. Be sure that you are using the same approach, and keep each other informed of all problems and progress as they occur.

Offer 1 tablespoon of food once a day, and gradually increase the amount to half a cup or one jar per day. Serve food from a bowl or plate, and dispose of any leftovers. If using jars of food, refrigerate the unused portion in the jar, and use it within 48 hours.

Usually, cereal is a baby's first solid food. Use an iron-fortified dry cereal, like rice, barley, or oats. Babies should be given only one new food at a time for 5-7 days in a row before another food is introduced. Not only does this give her time to adjust to each new food, but it also lets you know which food, if any, is causing an allergic reaction. Rice is the best first food, since babies are less likely to be allergic to rice than to wheat.

### Signs of an allergic reaction to a new food:

- unexplained irritability
- gas
- change in bowel movements
- rash
- sneezing, coughing, or runny nose

At 6-7 months, the baby can start eating pureed vegetables and fruit, such as bananas or cooked apples, peaches, pears, carrots, squash, peas or green beans. Don't add any sugar, honey, salt, or spices.

Around six months, the baby's back muscles are strong enough that she can sit up a little. She can be fed in a high chair, feeding table, or sassy seat that is securely attached to the table. This is a good time to start feeding the baby when the other children are eating. Meals can be good social experience for babies, helping them to be more aware of others. Keep bottle feedings as a special quiet time between you and the baby for several months or for as long as the baby needs it.

Once a baby begins to reach for foods, usually at 7 or 8 months of age, he will love to try feeding himself. Finger foods are a good way to encourage this natural impulse. Begin offering small pieces of palatable foods that are easy to grasp: cubes of hard cheese, pieces of toast or cracker, tortillas, small pieces of sugarless dried cereal, sliced fresh fruit with skins and seeds removed (like pears, bananas, mangoes or peeled apples—not oranges), or vegetables cut in strips. Ask the parents what finger foods the baby gets at home, and provide those, too. Look at the chart on the next page for a schedule of when to introduce various types of food to the baby.

## *SCHEDULE FOR INTRODUCING SOLIDS*

### CEREAL (6 months)

Boxed infant cereal is highly fortified with iron. Jars cost more. Begin with rice cereal. When one box of cereal is emptied, you can try barley, then oat, then wheat, and finally, mixed cereal. Mix the cereal with formula, breast milk, or water.

Remember to use plain cereals. Cereal-fruit combinations don't have the same food value. Do not add salt, sugar, butter, or margarine to the cereal.

### VEGETABLES (6½ months)

Begin with mild-flavored vegetables like carrots or squash. Follow these with green vegetables, beets, and others.

Do not add salt, seasonings, butter, or margarine to the vegetables.

### FRUITS/JUICES (7 months)

Begin with mild flavored fruits like applesauce or ripe bananas. Follow these with peaches, apricots, plums, and pears. Start offering juice from a cup. If jars of baby juice are used, do not add water to the juice. If regular juice is used, mix with equal parts water. Use only pure, 100% juices.

Do not use fruit desserts or fruits to which sugar has been added. These do not have the same food value as plain fruit. Do not use fruit drinks, tea, soda, or Kool-Aid.

### MEATS (8 months)

Strained meat—Begin with a mild flavor like chicken. Follow this with turkey, lamb, veal, beef, and liver.

Egg yolk—Boil hard and mash with a fork. Wait until 1 year of age before offering the whole egg, as allergies to egg white are common. Never serve raw eggs due to the risk of food poisoning caused by the Salmonella bacteria.

Offer the meat or egg yolk at the beginning of the meal when the baby is hungry. Read labels. Vegetable/meat combination dinners do not take the place of meats as they contain mostly starch and do not contain enough meat to satisfy nutritional requirements for protein.

Do not serve bacon and sausage as they are high in salt, fat, and preservatives.

At 8 months, cottage cheese and yogurt can be added; some people start feeding babies lean meat, fish and poultry now, too. These foods, also, should be introduced one at a time.

Somewhere between 7-9 months, babies can start eating regular foods that are soft or mashed. A baby food grinder may be helpful. The change to these foods should be gradual, and again, don't add salt or spices. When the baby is teething, offer biscuits, bagels or large, hard unsalted pretzels. Don't leave the baby alone with these foods, because she could easily choke on them.

Self-feeding is good for the baby's development: she practices eye-hand coordination and grasping; she is encouraged to be curious and to explore her world; and she learns to be independent. At first, she will not be able to feed herself the amount of food that she needs. However, even though you could feed her more quickly and neatly, she needs to do it herself. Plan to let her do part of the feeding and for you to finish the feeding when she gets tired or needs help.

Of course, the baby can make a mess when she feeds herself. Put newspaper or plastic (an old shower curtain will do) on the floor underneath the baby's chair. Put the baby where she won't be able to throw food on anything expensive. Try to put up with the mess: it doesn't last long, and she learns a great deal from feeding herself.

***WARNING:***

- ✔ ***Many infants and toddlers have choked to death on Vienna sausage and hot dogs. If you use them cut them in thin strips.***
- ✔ ***A study by the Johns Hopkins School of Public Health showed that the four foods blamed for causing more than 40% of childhood choking deaths are hot dogs, hard candy, nuts, and grapes.***

## TABLE FOOD

Starting at 12 months, the infants can eat the same foods that you and the other children do. The baby's food should be cut into small pieces so she can continue to feed herself. A baby should receive breast milk or formula until one

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year of age. **Whole** milk is then required until a child reaches two years of age. Remember to introduce whole milk in the same way that we discussed for any new food.

What should children eat? A good variety of fruits and vegetables, milk, hard cheese, yogurt, and whole grains (oatmeal, brown rice, whole wheat bread) will give children the vitamins, minerals, protein, and carbohydrates they need.

Parents may have strong ideas about what kinds of protein their children should eat. Common sources of protein and iron are meat, chicken, and fish. Some parents may want their children to be vegetarians. This should not be a problem, since lots of other foods are rich in protein and iron. Eggs and cooked dried beans and peas are good sources of protein and iron; although milk and yogurt do not contain much iron, they are good sources of protein. These foods taste good and cost very little. For the young child without eggs or dairy foods in the diet, it would be extremely difficult to provide sufficient quality and quantity of proteins and an adequate amount of calories to support appropriate growth. Therefore, pure vegetarian diets that omit all animal products, such as milk and eggs, are not recommended for young children.

Occasionally an infant or toddler goes on a "food jag" and wants to eat only certain foods for a few days. As long as she is offered healthy choices, her diet will balance out over the week. Children will be hungrier on days when they have been more active and less hungry on quieter days or when they're not feeling well. Weather, too, affects appetites. Allow children to eat the amount they want.

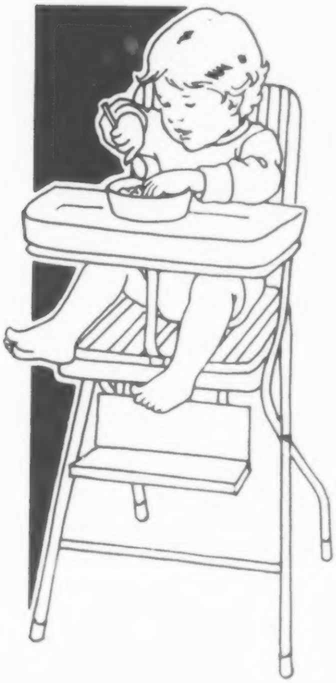
A baby's growth is most rapid in the first year. By about 13 months or so, she grows more slowly. Don't be surprised or worried, then, if her appetite also slows down.

Meals should be pleasant, relaxing times. Don't turn meals into power struggles:

- Don't use food (or desserts) as bribes or rewards.
- Don't punish a child by denying food.
- Offer children variety in meals.
- Don't force children to eat food that they don't want.

Foods to avoid:

- *foods full of sugar:*
  cake, candy, pastry, many breakfast cereals, imitation fruit drinks, soda, popsicles. Read labels; if the first or second ingredient listed is sugar, the



food should be offered to the child in very limited amounts or avoided altogether.

- *foods full of salt:*
  potato chips, pretzels, corn chips, canned vegetables, canned soups, sausage, hot dogs, ham, bacon, luncheon meats
- *foods that infants and toddlers might choke on:*
  popcorn, grapes, hard candy, nuts, raisins, celery, raw carrots, unpeeled fruit, hot dogs, sausage, Vienna sausage, large pieces of meat, wads of bread, ice cubes, peanut butter, and seeds such as sunflower and pumpkin

### Things to keep in mind about feeding infants:

❶ Provide a variety of fruits, vegetables, dairy products and grains. Lean meats, chicken, and fish are also good.

❷ Offer the children water every day. Water carries nutrients to various parts of the body and also carries wastes away.

❸ Make mealtime pleasant. Talk to the baby, name foods, and have eye contact.

❹ Communicate with parents about allergic reactions that a baby may have to foods.

❺ Remember that young children are most sensitive to cow's milk, eggs, wheat, beef, strawberries, and citrus fruits.

❻ Don't force-feed an infant or toddler who refuses a new food. Offer it again in a few days at a time when the child is hungry but happy.

❼ Do not overfeed. Every child has a different appetite, and every child's appetite varies from day to day.

❽ Call The Children's Foundation, or ask your regulatory specialist, your local child care resource and referral service, or family day care association about the Child and Adult Care Food Program. Through this program, providers are reimbursed for the cost of the food that they buy and serve to the children in their day care home.

CHAPTER SIX

# Health, Safety and First Aid

As a caregiver one of your most basic responsibilities is to look out for the health and safety of the children in your home.

**In this chapter you will read about:**

- how to prevent infectious diseases in family day care homes;
- how to prevent accidents and promote safety;
- how to provide first aid; and
- how to handle emergency situations.

## HEALTHY FAMILY DAY CARE CHILDREN

The most basic thing you can do to keep you and your family day care children healthy is to keep your home clean and aired out. Open your windows on nice days and get some fresh air! Give the children balanced, nutritious meals, plenty of exercise and plenty of rest.

### Things to keep in mind to keep infants from spreading germs:

➊ Keep each infant's bottle separate. Label bottles to avoid confusion.

➋ When spoon-feeding more than one infant at a meal, use a different spoon for each infant you feed. It may take longer, but it cuts down on spreading germs.

➌ Wash toys that infants use for mouthing. Soak them in a dishpan with hot water and bleach solution at naptime and at the end of the day.

✓ ***We recommend that you prepare a disinfectant solution each day by mixing one tablespoon of bleach with one quart of water.***

## Handwashing

Handwashing is a simple but important way to keep germs and bacteria from growing and spreading. Infectious diseases are often spread by people who do not look or feel sick. Even when we don't see germs, they are around us in common body fluids from the eyes, nose and mouth, sneezes and coughs and on the hands that have touched places where germs are plentiful (diapers, used tissues, and trash cans).

Germs thrive in moist, warm places. To help germs keep from spreading, keep your surroundings clean and dry, and wash your hands and the children's hands often, especially at the following times:

- before preparing or eating food, or handling raw meat
- before and after diapering
- after wiping noses
- after using the toilet.

Wash hands by rubbing vigorously with soap. Wash the backs and palms and under the fingernails. Rinse well and, if possible, dry hands with a paper towel that you can put in a container with a lid. **Use a soap dispenser since germs are spread with a bar of soap.**

## Diapering

Diapering is an opportunity for sharing close time with the baby. Engage even the youngest baby in the process. Talk to the baby: tell him what you are doing, show him the clean diaper, smile and make eye contact with him. Diapering is something that the two of you do together, not something that you do to him.

If you change the baby on a table, keep at least one hand on him at all times. Do not rely on straps or rails.

The surface where you change diapers should be used only for changing diapers, and you should change diapers only on this surface. The surface should be covered with a smooth, water resistant material, which should be cleaned with the disinfectant solution after each use. (Protective paper doesn't really protect, because it is porous and allows liquids and infections to pass from one baby to another.)

Wash the baby's bottom with a clean, wet cloth each time you change him. Wash between folds of skin, too. Wipe girls from front to back to prevent infection.

***✓ If you use disposable wipes,***
***watch for reactions:***
***some babies may have skin too sensitive***
***for alcohol or other chemicals***
***that may be in the wipes.***

Some parents ask that you use baby powder. Ask the parents what they or their doctors want you to use. If a baby gets a rash from chemicals in the powder, you might try cornstarch, petroleum jelly or a zinc oxide cream. Again, only use powder, jelly or cream that the parent has requested in writing.

Put the dirty diapers in a plastic lined container with a tight fitting top. Remove the diapers daily. If a parent prefers cloth diapers on their baby, suggest that they bring their own diaper pail with a tight-fitting lid for the soiled diapers, and that they take the pail home with them each evening. The pail should be foot-operated so that you don't touch the lid during diapering. Be sure that soiled diapers are kept somewhere that no child can get to them.

## Handling Sickness

An older child's body has an immune system that helps to fight off sickness, but infants don't have a well-developed immune system. This means that infants are at a much higher risk of catching an illness.

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Many illnesses are prevented by giving children immunization shots. Ask parents for a copy of each child's immunization record. **You have the right to refuse to let a child into your program if he has not been properly immunized.** Be aware of your state's requirements regarding immunizations for the children in your care. Many states require the immunizations prior to placement in the family day care home and also expect the provider to make the parents keep the shots and records up to date.

**Update you own immunization records.** You and your family should have current immunization shots.

**Send sick children home.** It can be tough to tell parents, who are depending on you to care for their child so that they can work, that you can't keep their ill child. But if the child has a temperature or you think he may be contagious, you owe it to everyone involved to send him home. You have to protect other children and especially the infants from illness.

Check children for illness and fever each morning. If children are too sick to participate in your program, do not admit them.

If a child becomes sick during the day, call the parent. While waiting for the child to be picked up, keep the sick one away from the other children. Arrange a comfortable resting place for the sick child. Check his temperature and symptoms often and tell the parent what you have noticed.

Tell the other children that their playmate is not feeling well and that he is going home soon. Otherwise the children may get confused, wondering if the child is being punished or why he is being taken away.

**Put your rules about sick children in writing and have parents sign it.** Ask parents in advance to have a plan for substitute care for their sick child.

Infants can't tell you when they're not feeling well. Watch for these signs that may indicate illness:

- eating less than usual
- a change in bowels
- vomiting
- sleeping more than usual
- rashes
- coughing, sneezing, runny nose, watery eyes
- a change in skin temperature.

An infant may have one or more of these signs without being sick. A change in bowels may be because of a new food, for instance. **If you see any of these signs, write them down in your daily record and tell parents about them.**

If you smoke or someone in your household smokes, you and your day care children are more likely to get infectious diseases such as colds and bronchitis. Anyone smoking should not be in the same room with the children. Also, no one should smoke in the kitchen around the food or food preparation. Be aware of your state's rules. Some have a "no smoking" policy.

## Developmental Warning Signs

Sometimes children are born with physical and/or mental conditions which may cause delays in normal infant growth and development. These conditions may result from a genetic defect, from damage caused by an infection (such as German measles) early in pregnancy, from the effects of some drugs or from brain damage. Some abnormal difficulties develop after birth. These may develop from injuries caused by accidents.

If problems can be identified in the earlier stages of a child's development, then some of these conditions may be changed or corrected. Failure to deal with early difficulties may result in lifetime problems.

Take some time to read Chapter Three so that you will know and understand the normal stages of infant growth and development. Now become familiar with this Early Warning Signs list. This may help you identify infants who might have special needs. If you notice any of these early warning signs, talk to the parents about it. Encourage them to take the infant to a doctor.

### *Early Warning Signs*

**Vision**

- rubs eyes a lot
- has red, watery or encrusted eyes
- has crossed eyes
- has trouble finding small objects

**Hearing**

- has runny ears
- does not turn in the direction of a sound by age six months

- always turns the same ear in the direction of a sound

### Speech

- does not say "Mama" or "Dada" by age 1
- does not use names of familiar people by age 2

### Physical

- cannot sit up without help by age 1
- cannot walk without help by age 2

### Thinking

- does not respond to own name by age 1
- cannot point to eyes, ears, nose or mouth when asked by age 2

## SAFE FAMILY DAY CARE CHILDREN

You can prevent a lot of accidents from ever happening by doing a safety check of your home. Get down on your hands and knees and look at your house from the level of an infant.

Keep these things out of reach of infants and toddlers:

- anything that can break
- anything that has a sharp edge
- cigarettes, matches, lighters, ashtrays
- cosmetics
- electrical outlets (put plastic covers over open plugs)
- plants

In addition, look for the poisons on the following list. All of these things are common household objects, and many of them can be deadly. **Keep poisons out of reach and out of sight.** Lock cupboards that contain any poisonous substances with child-proof locks. Remove any items such as flaking paint, broken plaster, or poisonous plants from your home.

What kind of paint is used in your home? Many paints have lead in them, which can kill. Find out if there is lead in the paint on your walls, woodwork or furniture. Don't let infants chew on peeling paint, chips of loose plaster or furniture. Read labels on toys to check for lead, and watch out for lead in ceramic figurines.

## *POISON-PROOFING YOUR HOUSE*

### KITCHEN

- drain cleaners
- furniture polish
- all detergents
- bleach
- vitamins
- lye
- dishwasher soap
- metal cleaners
- carpet cleaners
- liquor
- oven cleaner
- ammonia
- rust remover
- pills

### BATHROOM

- aspirin
- all drugs & pills
- hand lotions
- suntan lotions
- toilet cleaners
- rubbing alcohol
- iron pills
- creams
- deodorants
- hair remover
- boric acid
- all hair products
- nail products
- shaving lotions
- bath oils
- room deodorizer

### BEDROOM

- sleeping drugs
- perfume
- jewelry cleaner
- cosmetics
- other drugs
- cologne
- tranquilizers
- after shave

### GARAGE, BASEMENT

- lawn care products
- kerosene
- pesticides
- gasoline
- lighter fluids
- turpentine
- paint remover and thinnner
- fertilizers
- anti-freeze
- paint
- weed killers
- car care products

### GENERAL

- flaking paint
- repainted toys
- moth balls
- broken plaster
- plants
- cigarettes

### CLOSETS, STORAGE PLACES

- rat poison
- ant poison
- insecticides

**(These items may be found in more than one area of the home.)**

**Help keep infants safe by keeping small objects out of their reach.** Infants can choke on coins, buttons, diaper pins or small toys. Toys for infants should be too large to swallow and too tough to break.

**Never leave an infant alone on a couch or diaper table.** It only takes an instant for an infant to roll over and fall off. Straps on diaper tables don't always work: large infants can topple the whole table over. **Always keep at least one hand on the infant.** Babies grow faster than you think—just because she didn't roll over yesterday, doesn't mean she can't today.

Be sure that crib sides are sturdy and locked in place. The slats on the rails of the crib should be no further apart than 2 and 3/8 inches. Check the firmness of the mattress and padding to be sure that the infant can't suffocate. When infants are old enough to turn over but too young to move objects away, watch out for covers, pillows or clothing in the crib or playpen. These may cover the infant's face without the infant being able to push them away.

Sudden Infant Death Syndrome (SIDS), or crib death, kills some 10,000 infants under the age of one each year. No one knows what causes SIDS, and there is nothing you can do to prevent it from happening. You may want to call your local Public Health Department for more information. If an infant under your care should die of SIDS, try not to blame yourself. You are not at fault. Find some way to deal with your feelings; call your local family day care association and talk to other providers who can listen and give you support.

Toddlers are especially likely to have accidents. Teach them the meaning of such words as "hot," "sharp," and "not to eat." Again, do a safety check of your home and keep dangerous things out of reach. Give toddlers plenty of safe places to play so that you don't have to constantly say "no."

Food poisoning is another danger for infants. Simple, little bacteria organisms may find themselves in foods prepared for babies. To prevent food poisoning don't buy any foods in containers that are outdated, seals broken, bent or leaky.

Feed the child from a plate and not out of a jar. Throw away uneaten food from the plate. Clean the eating area of any dropped foods to prevent bacteria from forming.

Plants may also be dangerous for children. They are usually within the reach of the moving infant. The leaves are colorful and they may attract the child's attention. Keep all plants out of reach.

## EMERGENCY FIRST AID

Even with the greatest care, accidents can occur. You should be very familiar with emergency procedures so that you can act quickly. In an emergency, the most important thing you can do is to keep calm and respond correctly to the situation. Comfort the child and let her know that things will be okay. Determine what has happened, what is the condition of the injured child, what kind of immediate care is needed and who must be contacted for help. Many states now require family day care providers to take a first aid course and/or infant CPR. Check the requirements in your state. Even if it is not required, being fully prepared for an emergency situation will make both you and the parents feel more secure. Call your local Red Cross office or family day care association to find out where and when there is an infant CPR class that you can take.

Often making a judgement about the severity of an injury is difficult. When in doubt call for medical assistance. Here are some guidelines which may be helpful:

*Call for help when victim is:*

- in danger of losing her life
- suffering a severe head, neck, or back injury
- unconscious or in shock
- suffering from a broken bone
- bleeding severely
- breathing with difficulty
- becoming seriously ill and cannot be moved

Caregivers should make a plan for emergencies. Make a list of all the emergency telephone numbers that you might need and leave it in a clearly visible spot. Put one list by the telephone in your work area and put another one with whatever belongings you take outside.

Visit the nearest hospital to become familiar with the emergency procedures. Ask if your emergency medical form is accepted.

Plan for another adult to be available to help you in a crisis situation. If you have to take a child to the emergency room, someone else will need to be with the other children.

***✓ In case of any serious injury, give the child first aid and then call the parents.***

### Plan for Emergencies

Caregivers should plan for emergencies. Make a list:

- Of all emergency phone numbers, including 911, and/or fire department, police department, rescue squad, poison control, doctors and dentist office.
- Of all parent work phone numbers
- Of the emergency contact person for each child with phone number
- Of another nearby adult who can help you in a crisis situation

These should be posted by every telephone and also in the first aid kit used for field trips.

The following pages describe several emergency situations. Read them carefully and think about how you would handle the problem. Practice these procedures so that you are prepared for an emergency.

## *SOME EMERGENCY SITUATIONS*

### BREATHING

***What would you do if . . .***

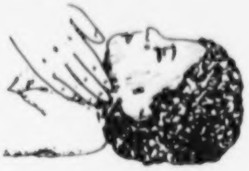
*You discovered Lisa, age 10 months, conscious in her crib but having difficulty breathing, and her lips were turning blue.*

**Take action . . .**

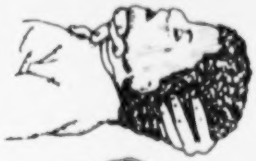
Begin artificial respiration. These steps should be continued until emergency help arrives or until the child obviously begins breathing on her own.

Every second counts so start immediately.

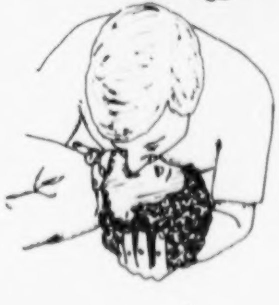
❖ **Step One**
Place Lisa on her back, since she is conscious. Check for breathing and pulse. Clear her mouth and throat of vomit, food, or liquid.



❖ **Step Two**
Open air passage by gently tipping the head back. This might start the victim breathing on her own. If not, go on to Step Three.



❖ **Step Three**
Place your open mouth over baby's nose and mouth, forming an airtight seal and give four quick, gentle puffs of air, once every 3 seconds, if child does not start breathing. Remove your mouth and check for breathing and pulse.



(Pulse may be checked on the inside of the upper arm).

Repeat these steps until child is breathing on her own.

## CHOKING

***What would you do if . . .***

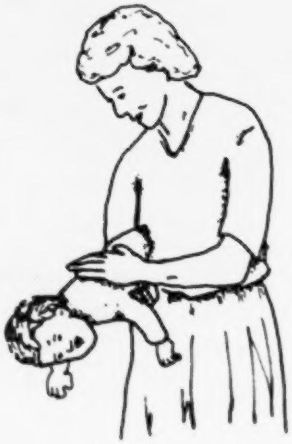
*Johnny, age 13 months was trying to swallow a wad of bread and he started to choke.*

**Take action . . .**

Allow Johnny to free the wad of bread on his own if he is able to breathe, cough, or speak. Encourage him to continue coughing.

If the obstruction is still lodged do the following:

- **Step One**
  Place child face down over your forearm keeping his head lower than his chest.



- **Step Two**
  Give four quick hits between the shoulder blades with heel of your other hand.

- **Step Three**
  Turn baby face up and support him with head lowered. Push on baby's abdomen with a few fingers and give four thrusts against the child's stomach between the navel and the rib cage.

Repeat until object is dislodged.

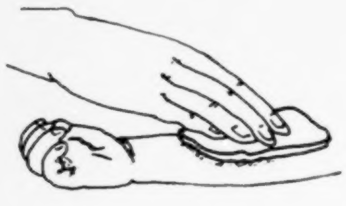
## SEVERE BLEEDING
## What would you do if . . .

*You have taken your children outside to play and Serena, age 2, cuts her foot on the sharp edge of a toy. You become very concerned because the bleeding won't stop.*

### Take action . . .

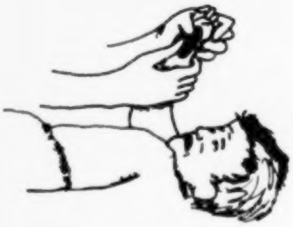
Get control of the bleeding as quickly as possible. Use a clean thick pad of cloth, scarf or towel.

❖ **Step One**
Place cloth over cut and press firmly with your hand or both hands. If blood soaks through the cloth, add another one without removing the first one.

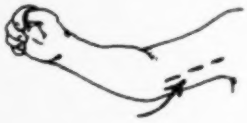


❖ **Step Two**
Raise the injured limb higher than the rest of the body.

Hold pad firmly in place with bandage or cloth strips.

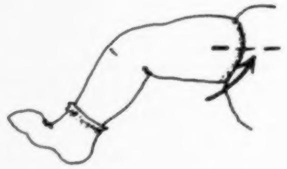


❖ **Step Three**
If a cut is bleeding a lot, apply direct pressure to the main arteries. This presses the large blood vessel against the bone and slows bleeding. Keep the arm or leg raised.



Arm—Place thumb on the outside of the arm. Grasp inside of arm with flat part of your fingers. Press in, squeezing the pulsating artery.

Groin—With the heel of your hand, press down against the pelvic bone, near the crease in the thigh.



## POISONING

### *What would you do if . . .*

*You discover that 18 month old Maria's stools are purple in color and you suspect that she has swallowed a poison.*

### Take action . . .

Determine what has been swallowed and how much.

Find and save the container for identification and instructions. READ THE LABEL.

Assess the child's condition. Check for breathing and pulse. Check for signs of vomiting and/or diarrhea.

Note any changes in the child's behavior such as being sluggish, sleepy, irritable, overly excited or delirious.

Check around the child's mouth for signs of chemical burns and smell her breath.

Call the Poison Control Center, hospital emergency room, or doctor. Be prepared to answer the following questions:

- Who you are
- Where the child is
- Age and condition of child—signs and symptoms
- What and how much was eaten and when
- What have you done for the child

***Ask "IS THERE ANYTHING ELSE?" LET THEM HANG UP FIRST.***

Ask the Poison Control Center to send you a list of what poisons can be diluted with milk or water.

## BURNS

### *What would you do if . . .*

*You accidentally burned your hand on a hot pot while preparing lunch for your day care children.*

### Take action . . .

Place your hand in cold water until the pain stops. Skin may be slightly discolored with some minor swelling.

### Do not:

- use ointments, salves, antiseptics or butter;
- remove pieces of cloth that stick to or are near burned area;
- clean the burned area with anything other than water;
- break blisters.

*Chemical Burns*

- ✓ ***Place victim under a cool, heavy shower of water.***
- ✓ ***Remove clothes immediately after chemical has been diluted.***
- ✓ ***Continue to treat burned area with water for 5 or more minutes.***
- ✓ ***Read label on chemical container for further instructions.***
- ✓ ***Cover affected area with clean, nonadhering cloth (for example, a clean, white sheet).***

## SHOCK

### *What would you do if . . .*

*You are driving your day care children to the park when your car is hit. Your two year old, Barbara, is bleeding severely from the leg and she appears frightened, restless and tense. Her skin feels cold and clammy. Barbara's pulse is rapid and her breathing is short.*

### Take action . . .

Lay the child back with her face up and keep a check on her breathing.

Raise her legs higher than the rest of her body.

Attempt to stop the bleeding using direct pressure method.

Keep the child warm and reassure her.

✔ *SHOCK NORMALLY OCCURS*
*WITH ANY SERIOUS INJURY*

## HEAD INJURIES

### *What would you do if . . .*

*Sondra, age 24 months, crashed into a tree when she lost control of the tricycle. She is crying and her head is bleeding. The injury doesn't appear to be serious.*

### Take action . . .

Calm the child and treat the injury.

Use direct pressure to stop the bleeding.

Apply cold towels to control swelling.

The child should be observed carefully for any abnormal behavior for 24 to 48 hours. For this reason, keep in especially close contact with the parents during this time.

***Call the doctor if the child:***

- becomes sleepy and difficult to wake
- vomits frequently
- complains of headaches
- has clear fluid coming from nose or ear
- can not move arm or leg
- shows a marked change in behavior
- shows symptoms of shock
- does not cry or express pain
- has dilated pupils

## ELECTRICAL SHOCK

***What would you do if . . .***

*You turn your attention away from Sophia to answer the telephone. All of a sudden you see Sophia crawling toward the electrical outlet. She sticks the handle of a metal spoon into the outlet. Sophia screams and seems to be stuck.*

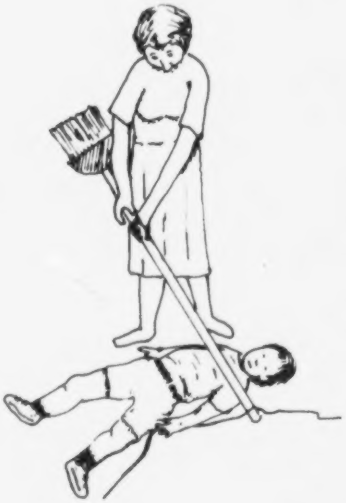
**Take action . . .**

Let your caller know that you have an emergency.

Do not touch her because you will get shocked too.

Get a long handled wooden pole (broom) to knock the child away from the outlet or turn off the electricity.

Treat for shock and call doctor.



## HUMAN BITES

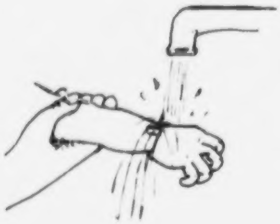
***What would you do if . . .***

*You look over and see Jennifer biting Robert on the shoulder.*

**Take action . . .**

Calm the injured child.

Clean the wound with clear running water and then with soap and water.



Apply a clean dressing.

Seek medical advice if teeth marks have punctured the skin.

## OTHER EMERGENCIES: SOME BASICS TO KEEP IN MIND

Plan ahead for emergency situations. You and the children under your care need to know what to do, where to go, and how to react.

### Fire Emergency

Work out a plan ahead of time:

- Remember that little ones require special attention during emergency situations. Only care for as many children as you can handle during times such as these.
- Keep all of the children on the same level of the house.
- Be aware of all the neighbors who are at home during your hours of providing care. Include them in your plan.
- Make at least two plans for how you can escape with all the children under your care. Ask the fire marshall to check your home for hazards and review your fire plan.
- Practice the plan to be sure that it works. Note any difficulties and correct them immediately.
- Post your fire escape plan in a prominent area where you, the children, and the parents can see it.
- Make sure you have a working smoke detector on all levels of your home. It is also helpful to have a fire extinguisher on each level, but especially in the kitchen. Both smoke detectors and fire extinguishers should be checked monthly to be sure they are working. Batteries in smoke detectors should be replaced yearly. Remember: A fire extinguisher is to assist you in clearing a fire-free path to remove the children from the home—not put out the fire.

If you suspect a fire:

- Remain calm. Do not try to put the fire out. Your first responsibility is for the safety of the children.
- Follow your escape plan if you can't control the fire. Get the children out of the house immediately. Always try to move in the opposite direction of the fire.

- Go to a neighbor and call the fire station after everybody is safely out of the house.
- DO NOT re-enter the house.

If the child's clothes are on fire, use this method.

Heat rises so put the child on the ground and roll her. Smother the fire with a coat or rug. If these are not available, cover the child with your own body. When you cover her completely and at once, the flames will go out without burning you.

## Storms

Make a plan for safety from a tornado, earth quake, hurricane or severe thunderstorm.

- Identify a suitable shelter area in your home. A shielded area in the basement is recommended. Otherwise a closet or a small room without windows will do.
- Prepare an emergency box with such things as: flashlight and extra batteries, small portable radio, and extra baby supplies.
- If you live in a high risk area for tornados, hurricanes, or earth quakes, contact your local fire department or office of emergency management for specific instructions.
- Ask your neighbors, police or fire stations to contact you when they become aware of an oncoming storm.

✓ ***Remember to open several windows if there is a tornado.***

## IN THIS CHAPTER YOU HAVE LEARNED HOW TO:

- prevent infectious diseases in the family day care home;
- decide when a sick child should be sent home;
- recognize early problems in a child's growth and development;
- prevent accidents;
- administer first aid in life threatening situations; and
- deal with common potential emergency disasters.

CHAPTER SEVEN

# The Nuts and Bolts of Starting Infant Care

Starting a family day care home is a challenge that involves much hard work and careful planning. As with any other business, a family day care home offers a needed service to families. In many communities there is a great need for providers who are willing to care for infants. Caring for this age group can be both exciting and rewarding.

**In this chapter you will read about organizing for business:**

- assessing your skills, abilities, knowledge and experience;
- offering a professional family day care service; and
- developing your plan for working with infants and their parents.

*Mrs. Brown likes to prepare food. On several occasions she has made fancy dishes for a neighbor's parties and she was paid a few dollars for her expenses. Other people liked her food and they asked Mrs. Brown to prepare for their parties. Soon she had more work than she could handle. Finally Mrs. Brown realized that her expenses were more than what she was being paid. She put together a plan for business so that she would make a profit rather than a loss.*

Like Mrs. Brown, you may have already started a small business in your home without realizing it. Family day care is a profession of individuals who care for children in their homes. These providers are considered self-employed because they receive pay for the child care services they provide.

Operating a family day care business requires planning and organizing. You will be offering a much needed community service that influences the lives of children and families. In doing so, consider personal matters, such as your capabilities, the needs of the children, as well as business matters, such as fee setting and recordkeeping.

## YOUR PERSONAL MATTERS

If you are new to the family day care profession or your experience is working with children over the age of two, please give some thought to including infant care in your business. Use this self-evaluation checklist as your guide for identifying strengths and weaknesses. If you have concerns consider talking to another provider about these issues.

### Personal

| yes | no | |
|---|---|---|
| ☐ | ☐ | Are you willing to take a child care training course? |
| ☐ | ☐ | Do you enjoy working with young children? |
| ☐ | ☐ | Have you ever worked with children? |
| ☐ | ☐ | Do you know ways of managing the children's behavior other than hitting or spanking? |
| ☐ | ☐ | Do you like being with infants (ages O to 2)? |
| ☐ | ☐ | Are you a self starter? |
| ☐ | ☐ | Do you feel comfortable working alone? |
| ☐ | ☐ | Do you like staying at home? |
| ☐ | ☐ | Are you interested in being self-employed? |
| ☐ | ☐ | Are you willing to do business paperwork? |
| ☐ | ☐ | Do you like working with people? |
| ☐ | ☐ | Can you be assertive and express your point of view? |
| ☐ | ☐ | Do you have a lot of energy? |
| ☐ | ☐ | Are you in good physical and mental health? |
| ☐ | ☐ | Are you and your family members free of any charges of child abuse or neglect? |
| ☐ | ☐ | Are family members supportive of your business? |
| ☐ | ☐ | Do you feel comfortable making decisions? |

## Health and Safety

| yes | no | |
|---|---|---|
| ☐ | ☐ | Do you know the child care home regulations? |
| ☐ | ☐ | Is your home free of accident, fire, and health hazards? |
| ☐ | ☐ | Are there fire extinguishers and smoke detectors on all levels of the house? |
| ☐ | ☐ | Do you know basic first aid and/or infant CPR? |
| ☐ | ☐ | Are your medicines locked away and out of children's reach? |
| ☐ | ☐ | Is the paint in your house lead free? |
| ☐ | ☐ | Is your home clean and arranged in an orderly manner? |
| ☐ | ☐ | Do you have guard rails on your stairs and gates on your porches? |
| ☐ | ☐ | Does your home have a telephone? |
| ☐ | ☐ | Are there adequate controls for heating, ventilation, and lighting in the house? |
| ☐ | ☐ | Do you know how to plan a balanced meal? |

## Child Care Space

| yes | no | |
|---|---|---|
| ☐ | ☐ | Is there a secure outdoor area for the children to play? |
| ☐ | ☐ | Is your home large enough to care for the number of children you are planning to keep? |
| ☐ | ☐ | Is there enough play space for that number of children? |
| ☐ | ☐ | Is there napping space for infants and older children? |
| ☐ | ☐ | Do you have baby furniture and small size furniture? |
| ☐ | ☐ | Is there individual sleeping space for infants? |
| ☐ | ☐ | Is there storage space to keep baby's belongings? |
| ☐ | ☐ | Is there a playground close to your house? |
| ☐ | ☐ | Do you have a variety of toys and equipment which encourage and support age appropiate activities in all stages of child development? |
| ☐ | ☐ | Do you have toys and activities which reflect the diversity of children in our multicultural society? |

This is a self-evaluation tool. Read the other chapters in this book for dealing with the questions that received "no" answers.

## YOUR BUSINESS MATTERS

Experienced family day care providers have found that child care can be set up like any other business. As a small business professional you will need to know the legal requirements for your business, how to set up and organize your recordkeeping system, and how to find the infants who need care.

*REMINDER*

✔ ***The IRS considers home-based child care a small business.***

### Requirements To Operate

Most states have regulations which define the number of children that can be legally cared for in a family day care home. Check with The Children's Foundation or your state agency about all the regulations and requirements.

There are special requirements for the number of infants (children under two years of age) in day care homes. For safety reasons, you should care only for the number of infants you can carry out of your home in an emergency situation.

Young children require a lot of time and attention. Having to divide your attention among too many children can affect the quality of care.

State regulations only define minimum standards of health and safety and do not ensure quality. A good learning and loving environment comes from a positive relationship among the provider, the parents, and the child.

For more information about the licensing or registration requirements in your state, contact the family day care regulatory agency in your area, local child care resource and referral organization, or The Children's Foundation. In a few states there are no laws regulating family day care; caregivers have the responsibility for setting their own standards.

When you get information on licensing or certification:

### Ask

- for the necessary requirements to care for infants and older children in your home, including those that apply to immunizations.
- for a copy of the regulations.

### Read

- what is being expected of you, your home and the children you intend to keep.

### Check

- your home to determine whether it meets the requirements in the regulations.

### Do

- the repairs necessary to meet the regulations.
- fill out the application (or self evaluation form) which will ask you questions about your home (toys, napping space, etc.), about you, your experience with children, and your family.
- keep copies of all materials sent to the regulatory agency.

### Make

the arrangements for the following (if required):

- an appointment for a physical examination, T.B. test, child abuse, criminal background or finger print check (whichever is required in your state and/or county.
- a list of persons who can provide child care references.

**Arrange**

- for a visit with the regulating agents who may discuss your program plan and will check your home for health and safety standards to insure that the minimum requirements of child care are being met.

**Request**

- an approximate date when your license or certificate will be issued.
- the locations and dates for family day care provider training.
- a listing of family day care providers and associations, information and referral services, family day care satellite systems.

While you wait for your license or certificate:

**Arrange**

- to take Red Cross First Aid and CPR Courses (training should include artificial respiration and stoppage of bleeding).
- to take a family day care provider training course which may be offered by one of the following local sources:
  - colleges and universities
  - social service agencies
  - adult education programs
  - local family day care associations
  - USDA Child and Adult Care Food Program sponsors
  - information and referral services

## Setting Your Fees

Most caregivers have difficulty deciding how much money to charge for their services. Charge a fair rate for your service but do not underestimate your worth.

Many providers have lost money because they do not charge more for infant care even though they have additional expenses for purchasing baby equipment, toys for varying developmental age groupings and baby necessities.

In many cases providers care for older children as a means of supplementing their income. In making the decision of how much to charge, you will want to decide what your expenses are for each child; determine the number of hours you will work; and determine your hourly rate based on how much your efforts and time are worth.

*Use this worksheet as your guide.*

## Family Day Care Rates Worksheet

Hourly Rates

Infant ____________ Special Care ____________ Meals ____________
Toddler ____________ School Age ____________
Preschoolers ____________

| Child's Name | Daily Hours X | Hourly Rate = | Daily Rate | To Daily Rate Add:<br>Meal Rate + | Supplies | Daily Charge<br>= TOTAL |
|---|---|---|---|---|---|---|
| | | | | | | |

Set your fee to include the following costs: materials, equipment, substitute caregivers, insurance, start-up costs and salary. Your fee should also reflect the location and the parents you service.

Once you have determined how much you need to earn to meet expenses, then you should check with other family day care providers in your area to find out how much they charge parents.

## Recruitment of Infants

Good infant care is in high demand everywhere in the country. To run a successful business you must locate parents who need your services. Here are some suggestions for how you can make your business known in the community:

- talk to your neighbors about your infant care service and leave flyers with them to give to others;
- contact the local infant care centers, hospitals (newborn clinics, maternity wards) pediatrician offices, schools and PTAs, churches, community groups such as Parents Without Partners, child birthing classes and local businesses;
- advertise through the local newspapers, newsletters, and bulletin boards at supermarkets and other stores. The notice might read:

> PROFESSIONAL INFANT CARE IN MY HOME.
>
> Warm and loving care by a
> trained family day care provider.
>
> Located in the
> Burke school area
>
> Please call 111-0000

- contact the local family day care association;
- register with a child care information and referral agency;
- contract with your area Department of Social Services to care for infants who need subsidized care while their parents work or attend training classes; and
- check the want ad section of the local newspaper.

## Recordkeeping

The success of your business depends upon sound management. Often providers do not pay enough attention to the management aspects of their business.

Keep accurate records of the amount of money you receive for your child care services and the amount of money you spend on your business.

A good recordkeeping system helps you keep track of your business operation. One of the simplest ways to keep accurate records is to use a ledger book. This helps you list all income earned and all money spent.

Keeping records up to date will save you time and money and will give you peace of mind.

### *Tips for Recordkeeping*

- set up an easy system that meets your needs;
- understand the items listed in your system;
- record correct figures;
- keep all receipts for items listed in your records;
- choose a quiet time to work;
- maintain records on a daily or weekly basis; and
- obtain the advice of a recordkeeper.

## Income Taxes

Maintaining good records not only saves you time but also lets you deduct all allowable expenses when filing your income taxes.

**Family day care is considered a small business profession by the Internal Revenue Service (IRS).** The following forms should be filed every year:

| | |
|---|---|
| **Form 1040** | (General) |
| **4562** | (Depreciation) |
| **Schedule C** | (for small business) |
| **ES** | (Estimated Taxes)—sometimes |
| **SE** | (Social Security Self-Employment Tax) |
| **W-10** | (Dependent Care Providers Certification) |
| **8829** | (Business Use of Your Home) |
| **EIC** | (Earned Income Tax Credit)—sometimes |

Check with your local child care resource and referral, family day care association or The Children's Foundation for more information about filing taxes on your family day business. In some states, you may also be required to file State and/or local taxes.

**✔ Keep all forms, records, and receipts in an inexpensive metal file box by months for easy access and store it in a convenient location.**

## *Types of Records for Family Day Care*

You will need to keep three types of records on file:

| | |
|---|---|
| *Business Records:* | income and expenses |
| | receipts for expenses |
| | provider/parent contract |
| *Infant Records:* | attendance log |
| | accident report forms |
| | notarized medical and emergency releases |
| | signed medication forms |
| | infant admission forms |
| | field trip permission forms |
| | daily activity logs |
| | medical report and inmunization records |
| *Personal Records:* | license or certificate |
| | CACFP contract |
| | physical exam |
| | income tax forms |
| | insurance forms |

## Your Statement of Philosophy and Policies

Quality care is another key to successful growth and development for infants. Before you begin your work think about your infant caregiving knowledge and skills. Then write a statement that gives parents some information about you and your program. Your stability, maturity, and self confidence will be reflected in the material you offer parents.

### Things to keep in mind in writing your Statement of Philosophy:

#### *Your Experience*

❶ Give a brief description of your experience in working with infants.
❷ Indicate the goals that you have set for your infant program and how you intend to achieve them.
❸ List your education and/or family day care training.
❹ Tell of your child care related professional organizations.

#### *Your Philosophy on Infant Caregiving*

❶ Tell how you feel about working with infants.
❷ Discuss how you intend to work with infants (should they grow and play in a structured or unstructured environment).
❸ Give your thoughts on how babies should be held, comforted, and given affection.
❹ Discuss your ideas about how infants should be raised.
❺ Give your views on such issues as naptime, potty training, diapering, and infant feeding (include breastfeeding).

#### *Your Daily Schedule*

❶ Outline a schedule for working with infants which encourages a routine and consistency.
❷ Discuss how you plan to include infants in your program with the older children.

#### *Your Discipline Policy*

❶ Discuss how you will involve parents in discipline matters.
❷ Explain how you handle such issues as infant crying, temper tantrums, biting, and thumbsucking.
❸ Explain what procedures you will take if a child appears to be a victim of child abuse and/or neglect.
❹ Discuss how your program can provide children with multicultural experiences.

These are just a few of the things you might want to include in your philosophy for working with infants and parents. We suggest that you read the entire book before attempting to create this statement of philosophy.

**✓ Becoming organized is the first step on the road to professionalism.**

Organizing your home for business requires a little time, a lot of thought and making some inquiries. If some things don't go according to your plans, be patient in solving problems. Talk with other providers; they may have some suggestions.

### IN THIS CHAPTER YOU HAVE LEARNED:

- how to assess your skills and abilities, your family and your home environment for infant care;
- how to set up a child care business;
- what the requirements are for infant caregiving in a family day care home; and
- how to prepare for fees, recordkeeping and recruiting infants.

Business ______________________
Address ______________________
Telephone ______________________

This form may be used at the time of the first visit with the parent to get information on the child.

# INFANT ADMISSION FORM

## Basic Information

Child's Name ______________________ Date of Birth ____________
Child's nickname ______________________ Sex ____________
Address ______________________ Telephone ____________

Parent or Guardian
Name ______________________ Address ____________
Employment ______________________ Work Phone ____________

## Emergency Information

Names of all persons authorized to pick up the child ______________________

Hospital to be used in case of emergency ______________________
Address ______________________ Telephone ____________
Name of Doctor ______________________
Address ______________________ Telephone ____________
Name of Insurance Co. ______________________ Policy No. ____________
Address ______________________ Telephone ____________

If parent cannot be reached in an emergency, contact:
Name ______________________
Address ______________________ Telephone ____________
Languages spoken in the home ______________________
Special instructions ______________________
Date of Enrollment ______________________

## Information on Infant

### *Schedule*

What is your child's daily schedule?

Wake-up ____________________ Mealtime ____________________Naps Bedtime________________

Bowel Habits______________________________________________________________________________

### *Food*

What does child eat? __________________________________How much? ______________________

What foods are refused? ____________________________________________________________________

Does the child have any allergies? ___________________________________________________________

### *Social*

What are some of your baby's favorite play activities?

What upsets your baby?

What usually comforts your baby?

How does your child respond to strangers?

*Special Concerns*

What else would you like me to know about your child?

Are there any special problems?

Business ______________________________
Address ______________________________
Telephone ____________________________

# CHILD'S HEALTH RECORD

Name of Facility ______________________________________________
Child's Name ________________________ Sex __________ DOB ____________
Address ______________________________ Tel. No. ______________
Names of Parents: ______________________________________________

Check illnesses child has had:

☐ Measles ☐ Chicken Pox ☐ Mumps ☐ Scarlet Fever ☐ Strep Throat ☐ Rheumatic Fever

Describe any Allergies

Immunization. Record the dates of primary or latest booster

Small Pox ________________________
Diptheria ________________________
Tetanus ________________________
Pertussis ________________________
Poliomyelitis ________________________
Measles ________________________

Physical Examination. Indicate the results (please include vision and hearing, if tested)

Recommendations to Caregiver.

Doctor's Signature ________________________ Date ________________

Child's Name ______________________________

Week Beginning ______________________________

# INFANT PERSONAL DAILY RECORD

## Solid Foods

☐ table foods
☐ baby food

amount/serving ______________________________

*Vegetables*

☐ peas
☐ beets
☐ carrots
☐ greenbeans
☐ squash

*Fruits*

☐ applesauce and apricots
☐ pears
☐ peaches
☐ prunes in tapioca
☐ bananas in tapioca
☐ plums in tapioca

*Meats*

☐ beef
☐ veal
☐ liver
☐ turkey
☐ lamb
☐ pork
☐ chicken

## Liquids

☐ cup
☐ bottle

*Milk*

☐ whole
☐ skim
☐ formulas
(brand) ______________

☐ heated
☐ room temperature
☐ cool
amount/serving: ______________

*Juice*

☐ apple
☐ grape
☐ other ______________

Other Foods:

______________________________

______________________________

______________________________

Comments on mealtimes:

______________________________

______________________________

______________________________

Toileting Skills: ____________________

____________________

Time Bowel Movement/Wet: ____________________

____________________

Sleep

☐ normal

☐ restless

Comments: ____________________

____________________

____________________

Play Comments: ____________________

____________________

____________________

General Behavior for the Day: ____________________

____________________

____________________

Business ____________________

Address ____________________

Telephone ____________________

## INJURY REPORT

Injured Child ____________________ Age __________

Date of Injury ____________________

Name of person in charge during time of injury ____________________

What part(s) of the body was injured? ____________________

How was injury treated? ____________________

____________________

Was doctor called/visited? ____________________

Was parent called? ____________________

How did the accident happen? ____________________

____________________

Who else was involved in the incident? ____________________

Signature ____________________ Date of Report __________

---

Business ____________________

Address ____________________

Telephone ____________________

## EMERGENCY MEDICAL RELEASE

I hereby give (Name of caregiver) ____________ or his/her employees my permission to call a physician, seek appropriate medical care or take my child to the nearest hospital in case of accident or illness requiring immediate medical attention. Caregiver may act in my behalf if I cannot be reached and/or when delay would be dangerous.

(Signature of Parent/Guardian) ____________________ (Date) __________

(Signature of Notary Public) ____________________ (Date) __________

Business ______________________

Address ______________________

Telephone ______________________

## MEDICATION RELEASE

Date: ______________________

I authorize ______________ to give ______________ to my child ______________.

Medication will start on ______________________ and end on ______________.

______________________________________________
(provider's name)

______________________________________________
(medication)

______________________________________________
(child's name)

(Parent's signature) ______________________________________________

(If medication is not labeled with the child's name, name of the drug, doctor's name, and directions for administering, then the doctor must complete and sign the form below.)

-------------------------------------------------------------------------------

Date: ______________________

Name of child: ______________________

Purpose for medication:

Name of drug: ______________________ Dosage: ______________

Times to be given: ______________________________________________

Possible side effects:

Instructions:

______________________________ M.D.
(Doctor's signature)

Address ______________________ Telephone Number ______________

CHAPTER EIGHT

# Getting Off to a Good Start With Parents

Child care providers offer a very valuable service to working parents and their infants. Parents need to know that their babies will receive good care, love and understanding. How a Parent-Provider relationship begins is a key to a successful experience for the child.

**In this chapter you will read about:**

- dealing with concerns parents have about placing their infants in child care;
- negotiating effective agreements with parents;
- planning successful meetings with parents; and
- handling conflicts with parents.

## PARENT/PROVIDER PARTNERSHIPS

### The First Contact

Often the first contact between you and the parent is by telephone. Callers will decide whether you are suitable to care for their babies by the way you answer their questions. Be sure that all persons answering your phone have good telephone manners.

Before making a decision to care for the child, arrange for parents and baby to visit your home for an interview. Never agree to take a child without first scheduling an interview.

## The Interview

This first meeting will provide you with an opportunity to collect information on the baby, meet the parents and observe how they relate to their baby. Other meetings between you, the child, and the parents might be helpful.

Don't forget that the parents are also deciding whether you are the right person to care for their baby. Show parents the baby area and play with the baby. Parents will feel more comfortable if they see that you and the baby get along.

During the interview, share your infant care philosophy and the policies of your family day care home. Have them written down, and give a copy to the parents to take home. Discuss the parents' childrearing thoughts and practices on such controversial issues as holding of babies, feeding, discipline and potty training.

Conducting an effective interview is a very important process which you will want to learn to handle. Successful screening of parents who may not fit your program may save you time, energy and money in the future.

A good parent/provider relationship depends on frequent and open communication. That communication begins at the initial interview. During the interview, discuss your policy for an adjustment period, during which it will become clear as to whether the child will adjust to his new environment. If he doesn't adjust, the terms of the contract will not take effect, and the parents will seek other child care arrangements.

Understanding parents and dealing with their concerns will smooth your working relationship. During the visits try to put the parent at ease. Put yourself in the parents' place and imagine some of their concerns.

## Dealing With Parents' Concerns

When a parent is feeling fearful and nervous about a situation, the infant will sense that something is wrong and may feel unsafe in a new environment surrounded by strangers. You must develop a positive relationship with the parents. They too, need to trust their new situation. New parents may feel very uneasy leaving their baby and make demands of the caregiver. To help parents feel okay about leaving the child with you, try the following:

- assure the parents that you will work hard to provide the best care possible for the infant;
- review with them your philosophy of caregiving;

- reassure the parents that you don't intend to take over the parent role;
- assure parents that raising the baby is a partnership between you and them at all times;
- encourage parents to be a part of the program so that they are involved in your work with their child; and
- make parents feel welcome during their visits to your child care program.

- *Will my child be safe?*
- *Is my baby going to adjust to this new place and person?*
- *Can I trust this provider as a person?*
- *Can I depend on this provider's judgement?*
- *Will she show good judgement and skills?*
- *Does she really know what she is doing?*
- *What will I do if my baby gets sick?*
- *Will my baby feel that I am rejecting him/her?*
- *Will my baby care for the provider more than me because he/she is with my child more hours?*
- *Why should I feel so guilty about leaving my child with someone else?*
- *Why do I feel relieved that someone else is caring for my baby?*
- *Where will I get the money for child care?*
- *Will my baby get individual attention?*
- *What will the caregiver do when my baby cries?*
- *What will my baby learn?*

## Understanding Cultural Differences

When you open your home to provide child care in the community, you may be asked to provide services to families who are of a different racial or ethnic background, speak a different language, have different religious beliefs or come from a different socio-economic background than yours. Always try to:

- respect and understand the differences;

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- understand the parents' traditions and try not to conflict with them;
- respect and understand possible differences in childrearing practices;
- respond to the infant's basic needs and not to the difference; and
- teach your day care children to respect all people.

> ✔ **All parents regardless of their cultural differences have the same child care needs and concerns.**

## Negotiating a Contract With Parents

After the child care decision has been made, work out an agreement of expectations and responsibilities between you and the parents. Here are some items you may want to consider:

### Things to keep in mind in writing a Provider/Parent Contract:

*Agree*
- on a starting date.

*Set*
- a time for the parent/child observation and adjustment period.

*Clarify*

❶ your plan for working with infants (philosophy);
❷ your sick child policy;
❸ late policies;
❹ all vacation days and holidays; and
❺ hours of care.

*Ask*

❶ who will bring and pick up the infant;
❷ for an emergency contact person;
❸ for the infant's health record and hospital form;
❹ if the parents have backup plans in case your child care is not available.

*Discuss*

❶ who will provide meals, clothing, diapers;
❷ your emergency plan for accidents;
❸ parents' involvement in the program; and
❹ child care fees, late fees, payment plan and method of payment.

*Provide*

- two or three names of people who can share information about your ability to care for infants.

**This agreement needs to be signed by both you and the parents.** The contract serves as a legal document.

> ***✔ Remember that family day care is a business.***
> ***You offer a service (child care) to consumers (parents).***

Business ______________________________

Address ______________________________

Telephone Number ______________________

# PARENT/PROVIDER AGREEMENT

Welcome to my family child care home. The state ______________________ of does (not) require a license for this business. I do (not) participate in the USDA Child Care Food Program.

The purpose of this contract is to define the mutual terms of agreement for child care arrangements.

It is your responsibility to let me know any changes of address or phone or emergency numbers.

Parents are welcome to visit at any time.

## Hours and Days of Operation

Child Care services will begin on ____________________, 19______. The hours for care will begin at ____________ and end at ________________ on the following days:

If the child is going to be absent or late, please call in advance.

Child care will not be available on the following holidays:

My vacation time will be: ______________________________________. You will be responsible for making other child care arrangements.

I may find it necessary to use the services of a substitute caregiver on occasion. My substitute is ____________________________________.

## Rates

$____________ per week for full time care (7 or more hours).

$____________ per hour for regular part time care (less than 4 hours).

$____________ per hour for drop-in care if space is available.

$____________ per ________ for late fee. This fee will be charged for any time after ____________ unless special arrangements have been made. This fee is to be paid by the next day.

$____________ per meal. Parents are required to bring the appropriate foods for infants under __________ months old.

Child care fees are payable in advance and are due no later than ____________________. An additional fee of $__________ will be charged if the fee is late. Fees may be paid either:

☐ weekly ☐ bi-weekly ☐ monthly.

An advance deposit of $__________ must be paid at the time of enrollment. This amount will be returned when services are terminated.

Adjustments in fees may be (or may not be) made when services are not available due to illness or vacation experienced by either party.

Child care fees will be paid by: ☐ cash ☐ check.

## Notice

A two week written notice is required for any of the following:

1. Termination of the agreement by either party.
2. Increases in child care fees.
3. Vacation periods for both parents and caregiver.

## Food

Meals will be: ☐ home-cooked ☐ brought by parent.

Meals that will be served are: ☐ breakfast ☐ lunch ☐ snack ☐ supper ☐ evening snack.

Please explain if the child has special dietary needs.

Infants will be fed according to the parent's instructions. Parents must update and notify caregiver of any changes in feeding schedules, formulas and additional foods. Milk will be furnished for all infants who no longer need a special formula. Breast fed infants should have an adequate supply of expressed milk in bottles.

## Medical

Your child is required to have a physical exam before admission in this child care program and must be reevaluated yearly.

Please notify me if your child will be absent because of illness. If your child is home for more than _______ days, a signed physicians report will be requested.

Contagious diseases must be brought to my attention immediately. All involved families will be notified.

Medication will only be administered if there is a signed permission form from a licensed physician.

If your child becomes ill during care, you will be asked to pick up your child immediately. If you cannot be reached, I will contact one of the emergency backups you have listed. Child will be readmitted when symptoms have subsided.

## Clothing

All clothing and other items must be labeled with the child's name and brought in some type of storage bag.

Parents will supply at least two complete sets of play clothes, outdoor clothing, and the following:

☐ disposable diapers ☐ baby wipes ☐ bibs ☐ soap ☐ training pants ☐ plastic pants

## Field Trips

Often we take trips away from my home to help your child learn more about the community. I will need your permission to allow your child to ride in my car. You will be notified in advance when trips are being planned.

Our State ☐ does ☐ does not require a proper infant seat for car travel. ☐ You ☐ I will provide the equipment.

## Other Information

I (we) fully understand and agree to the terms of this contract. This agreement may be renegotiated at any time.

Parent(s) signature ______________________________ Date ______________

Caregiver's signature ______________________________ Date ______________

### Things to keep in mind about communication:

❶ Be clear about what you expect from the parents and what they expect from you.

❷ Maintain frequent contact with parent.

❸ Discuss problems as they occur—agree on the problem, the cause, and how you will solve the problem.

❹ Show concern and appreciation for the parent.

❺ Allow the parent to observe how you work with their baby.

❻ Chat with parent about childrearing suggestions and techniques.

❼ Respect parents' opinions.

❽ Keep family matters confidential.

❾ Handle complaints in a professional manner.

❿ Avoid making negative remarks about a family.

⓫ Organize a time for parents to meet and share their ideas.

⓬ Provide parents with useful, helpful information.

## Talking With Parents

Share with parents information about their baby's progress, even tiny achievements. Do this on a daily basis if possible. Parents like to hear good things about their children. Only a few words are necessary most of the time. Paying close attention to these successes will feed your own need for accomplishment and self affirmation.

You may want to arrange a parents' corner in your home. Cover an old card table with a table cloth. Make a display that includes some of your infant development materials. Encourage parents to use these resources at home. Set up a bulletin board that directs your parents' attention to important notices such as the weekly menu, child care training announcements and your program plan for the week.

Sometimes getting the chance to talk with a parent before or after work is impossible. They may be rushing off or someone else may have the responsibility for taking the baby home. If this is the case, arrange to talk with the parent after child care hours by telephone (at an agreed upon time) or write a note. Let the parent know you value talking with them. Arrange a time to schedule meetings with parents.

You may plan an evening or weekend meeting. Parents feel good about their child care situation when they feel involved. Here are some group activities that parents might enjoy:

- work parties to repair and build child care equipment;
- field trips with the children;
- infant clothing and toy exchanges;
- family day care home fundraising activities (this helps to cut the cost of care);
- opportunities for parents to help on special times (holidays) in the child care program; and
- group conferences to involve all the day care parents.

Provider newsletters are a big hit in some child care homes. They allow caregivers to creatively inform parents about what is happening in the program. They share articles on childrearing and suggest activities that parents can do with their infants.

Communicate with parents in a professional manner. They need to feel open and comfortable sharing their concerns with you. These tips may help you develop a good relationship with parents.

## Handling Complaints With Parents

Both parents and provider should talk about problems and concerns as they occur. Letting them mount can create larger problems. Here are some principles that you may want to use as a guide when handling complaints.

### *Example 1*

Mrs. Williams is about to sit down for dinner when the telephone rings. Johnny's mother is calling to complain that her son has teethmarks on his shoulder. She accuses the provider of not doing her job and she threatens to take the child out of the home.

This is a common problem that you might experience in your work. Deciding how to deal with this example can help you with other situations in the future.

- Listen carefully to what the parent has to say. Many times all a person needs is an opportunity to air his/her feelings.
- Repeat what you have heard the other person say, trying to summarize in one sentence.
- State the changes that you think the parents would like to have made.
- Explain how you will handle the problem.

### *Example 2*

For two weeks Mrs. Jones has asked Lisa's mom to bring more diapers for her baby. Every morning the mother apologizes for not bringing the diapers and promises to bring them the next day.

At times you may have concerns that need to be expressed to your parents. Here are some other principles that you may use in dealing with the situation.

- Find the right time to discuss problems with the parents.

- Ask if they are aware of the same problem and what has been done to solve the problem.
- Come to some conclusion if possible.
- Talk with parents when you are in control of your feelings. If not, delay the conversation.
- Discuss your concerns about the child when you are alone with parents—not in front of any children.
- Plan a semi-annual or annual parent-provider conference in addition to other communication.

## Child Abuse

Child abuse or neglect can happen in any home. Infants and toddlers are not able to tell you if they have been abused, but they may show signs.

**Some signs of physical abuse:**

- bruises, burns, welts
- ducking or wincing when an adult makes a sudden move
- always tired, withdrawn or listless
- fear or an intense reaction to a particular person or place
- aggressive behavior

**Some signs of sexual abuse:**

- torn or stained underwear
- vaginal infections or discharge
- vaginal or rectal bleeding, pain or itching
- swollen genitals

If you suspect that a child is being abused, you are obligated by law to report it. Call the Child Protection Service, your local Department of Welfare, the police, or the National Child Abuse Hotline (1-800-422-4453).

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In your daily record keeping, write down any changes in a child's behavior—including any of the signs of abuse. This record will help you remember things, and will supply you with specific dates and incidences in case you should need it.

Discuss bruises or marks with the parents. Perhaps there simply was an accident. But if the parent gets defensive or refuses to talk about it, then it is time to take action. Trust your own instincts; you know when things just don't feel right. Don't take chances with a child's life.

If you think there is abuse, be especially gentle with the child. She or he needs all the love you can give.

## IN THIS CHAPTER YOU HAVE LEARNED:

- be aware of concerns that parents may have about child care;
- interview new parents;
- negotiate an agreement with the parents;
- involve parents in your program;
- establish open communication with the parents; and
- respond to the parents' cultural differences.

APPENDIX

# Common Infant Health Problems

## Allergies

*Symptoms:*
Rash or runny nose and burning eyes, sneezing, vomiting or wheezing.

*Prevention:*
Give allergy medicine prescribed by the child's doctor, or remove whatever causes the child to have allergic reactions (e.g. household pets, plants, stuffed animals, or wool).

*Caregiver's Note:*
Infant is not contagious. If child is having difficulty breathing, contact the parents as soon as possible. Suggest that the doctor be contacted to determine what has caused the allergic reaction.

## Chicken Pox

*Symptoms:*
Infant may have mild fever. Small dark red pimples appear and within hours turn into blisters that look like drops of water on the skin. The blisters will turn into scabs and/or sores.

*Prevention:*
It is difficult to prevent the disease from spreading. The incubation period may be from 17-21 days. The contagious period continues six days after rash appears.

*Caregiver's Note:*
Isolate child until parent can come. Try to keep the child from scratching the rash. Child should not return until there is no fever and the vesicles are dry.

### Colic

*Symptoms:*
Infant has long spells of crying, usually in the evening. Face is very red and legs are drawn in to stomach as if in pain.

*Prevention:*
The cause is unknown, so there is no known prevention or cure. Try to keep the baby as free from stress as possible at the time the crying usually begins.

*Caregiver's Note:*
Since the crying usually happens in the evenings, the baby might be crying just as it's time to go home. Help parents understand that the crying is neither your fault nor theirs. Remind them that babies with colic are otherwise perfectly healthy and that the colic won't last longer than eight weeks.

### Common cold

*Symptoms:*
Runny or stuffy nose, cough, slight fever, headache. Infant may be irritable and very uncomfortable. A stuffy nose may cause the child some discomfort in sucking a bottle, pacifier, or even getting to sleep. The child may experience breathing through the nose difficult because mucus may block the passageway and resort to mouth-breathing. Babies breathe through their noses while sucking their bottles. It may be necessary to clear the nose so that child can feed comfortably.

*Prevention:*
There is no way to prevent the spread of a cold. Try to keep the baby away from drafts and dress the child appropriately.

*Caregiver's Note:*
Comfort the infant and give frequent liquids (such as juices and water). Complications occasionally set in if the viruses lowers the child's resistance and causes secondary infections like bronchitis, pneumonia or a middle ear infection. If fever persist and child has a thick greenish-yellow discharge, wheezy cough, sore throat, earache then insist that the parent seek medical attention for the child.

### Conjunctivitis (pink eye)

*Symptoms:*
The eye may be weepy and reddened. After sleep, the discharge forms dry yellowish crusts in the eyelashes. There may be pain and/or gritty discomfort.

*Prevention:*
This infection spreads rapidly from one child to another. Make sure the infected child uses his own washcloth and towel. Encourage the child not to rub his eyes—the mucus can be placed on other items touch by others.

*Caregiver's Note:*
Since this is an infection which spreads rapidly, the child should be sent home. The doctor needs to prescribe drops or ointment which will quickly clear up the infection. Only at this time should the child be allowed to return to child care.

## Convulsions

*Symptoms:*
Infant may become rigid, and then the muscles of his arms, legs and body will relax and clench again so that he jerks and twitches. His entire body may be involved or only his limbs; his face may grimace and his teeth clench.

*Prevention:*
Convulsions are caused by high temperature or fever, so if an infant's temperature is rising, do everything you can to try to keep the temperature down. Remove extra clothing or blankets, and sponge the infant with a cool cloth.

*Caregiver's Note:*
If an infant has a convulsion, do not leave her alone. Stay with her to make sure she doesn't inhale or choke on vomit. Don't try to hold her down or put anything in her mouth. The convulsion is frightening to watch, but will end soon and the infant will fall asleep. Then you can call a doctor and the parents.

## Diaper Rash

*Symptoms:*
Infant's bottom may be red or may become inflamed with broken skin and puss.

*Prevention:*
Change diapers often. Never leave a baby in a wet diaper. Try using a one-way disposable diaper liner.

*Caregiver's Note:*
Ask the parents how they or their doctor want the rash to be treated. They may request that you use a cream with zinc oxide in it. Be sure that you have their request in writing before you use the cream. Do not use any powder, jelly or cream without parent's written request.

## Diarrhea

*Symptoms:*
Loose, frequent, watery stools.

*Caregiver's Note:*
Don't worry about occasional loose bowel movements. But if the stools are watery, green and smelly, with blood or pus; if the baby refuses food; or if the baby has a fever of 100 degrees or more, contact doctor and parents immediately.

### Ear infections

*Symptoms:*
Infant may pull at ear, or there may be fever, vomiting or diarrhea.

*Prevention:*
Tell parents immediately what symptoms you have seen so that they can take the baby to the doctor.

*Caregiver's Note:*
Never put anything into the baby's ears and don't apply hot compresses to the outside of the ear.

### German Measles (Rubella)

*Symptoms:*
Mild fever, sore throat, swelling behind the ears and at the back of the neck; tiny red rash may begin on the stomach but it spreads within one day over the entire body.

*Prevention:*
After child reaches his first year of age, the rubella vaccine should be given.

*Caregiver's Note:*
German measles is contagious, so a child who has it should not be in your day care home. The infected child should not return to your program until the rash has been gone for several days.

### Impetigo

*Symptoms:*
Begins as little red spots on hands and legs; the spots turn into little watery heads and then change into large brownish crusts.

*Prevention:*
Impetigo is very contagious. If someone gets it in your home, you can help prevent others from getting it by making sure the infected child's towels and bedding are not used by anyone else.

*Caregiver's Note:*
Parents should take this infant to a doctor for treatment and the infant should not be with your other day care children until cured.

### Measles

*Symptoms:*
Begins with runny nose, cough and fever. Soon the temperature rises to as high as 104 degrees, and a rash develops on the throat, behind the ears, and then moves on to the face and the rest of the body. There will be red spots with white centers in the infant's mouth.

*Prevention:*
After the age of one, infants can be innoculated.

*Caregiver's Note:*
Measles is highly contagious and can be quite serious. Measles can lead to pneumonia and meningitis. Insist that parents have their children innoculated between the ages of one and two. Refuse to admit a child with measles into your program.

## Unusual Illnesses

*Blue Patches (Mongolian Blue Spots)*
These are temporary accumulations of pigment under the skin. They are more usual in babies of African or Mongolian descent but can also be seen in Italian or Greek babies or in any baby whose skin is going to be fairly dark. They are nothing to do with Mongolism (despite the name) nor are they anything to do with bruising or with disorders. These spots need no treatment, and they vanish after a short period of time.

## AIDS

Acquired Immune Deficiency Syndrome (AIDS) is a disease affecting the entire population. It has spread across the sexual, racial, ethnic, socioeconomic and demographic boundaries. AIDS in women is growing much faster than in men. AIDS is a "family" disease.

An HIV virus (Human Immunodeficiency Virus) attacks the body's immune system which weakens the body against infection. Over time it breaks down that immune system. With a weakened immune system, an individual becomes very ill from other life-threatening infections.

Children who have AIDS or are infected with the HIV virus did not become infected from interacting with other children. Eighty percent of infected children were exposed through vertical transmission (*in utero*) or breast-fed by an HIV-infected mother; while the other 20% were exposed through contaminated blood, blood products or sexual abuse. Individuals *do not* become infected by casual contact.

HIV-infected children should be admitted to family day care homes if *their* health permits. The HIV-infected child *is not* a danger to the other children—the other children are a danger to the HIV child. Family day care providers should use recognized prevention practices to inhibit the spread of any kind of illness or infections.

Providers should understand that they may already be caring for an HIV-infected child unknowingly. Not all children have been diagnosed because they have no visible symptoms. Although "fear of infection" is a great concern to the families of children who are not infected, providers can "take the lead" and set an example by becoming knowledgeable about HIV and AIDS, and then sharing that information with all the families.

## THE AMERICANS WITH DISABILITIES ACT OF 1990 (ADA)

ADA gives civil rights protection to individuals with disabilities similar to those provided to individuals on the basis of race, sex, national origin, and public accommodations. Family day care businesses are considered public accommodations and, therefore, in providing care, cannot discriminate against a child with a disability.

Children who are HIV infected, suffer from AIDS, or the long range developmental consequences are protected under the guidelines of ADA, just as any other child with a disability. You may be expected to make "reasonable" and "easily achievable" changes for a child with a disability on a case-by-case basis. No inspector will visit your family day care home; enforcement is through lawsuits and/or administrative complaints brought by the individuals who feels she/he has been discriminated against or the parent of that child.

## ITEMS FOR A CHILD CARE FIRST AID KIT

Adhesive strip bandages (assorted sizes)

Blanket

Coins for a pay phone

Commercial cold pack

Cotton balls

Cotton Swabs

Disposable latex or rubber gloves

Flashlight and spare batteries

Measuring spoons

Nonstick sterile pads in all sizes

Paper cups

Pencil and paper

Petroleum jelly

Rolled elastic bandages

Rolled gauze bandages (3" size)

Soap

Sterile gauze pads (4" size)

Sterile eye pads

Syrup of ipecac

Scissors

Thermometer

Tongue depressor

Tape

Tweezers

White cotton handkerchief

✔ ***Family day care providers are encouraged to have a basic first aid text or guide, such as those put out by the American Red Cross, National Safety Council or American Academy of Pediatrics.***

# Home Made Toys and Activities

### Bull's-eye Mobile

*You need:*

3 empty L'eggs stocking containers
Black and/or dark green or red plastic mending tape
Wire clothes hanger (leave cardboard roll on it)
Lightweight string

*You do:*
Cut 3 lengths of string about 12" long. Make a hole in the end of the egg-shaped container. Poke string through the hole and make several knots inside to secure the string. Put the two halves together.

On each container, make a variation of bull's-eye design by using thin strips of tape.

Cut 3 grooves in the cardboard roll on the hanger and tie each string around them. Tie string across the crib and attach the top of the hanger. Allow the balls to hang about 7" to 9" from the baby's eyes.

*Variation:*
Use empty spools of thread painted (non-toxic) white and black.

### Yogurt Cup Rattle

*You need:*

1 yogurt cup with top
1 6" stick or dowel
Uncooked beans, rice or noodles

*You do:*
Clean the yogurt cup thoroughly. Put into cup either the beans, rice or noodles. Glue and tape top securely to the cup. Attach the stick handle by poking a hole through the bottom of the container. Tape handle in place.

*Variation:*
Fill a clean, small plastic bottle with colorful paper or cloth, bells, etc. Tape around the cap and neck of bottle.

### Cuddly Toys

*You need:*

Material
Pattern of animal or doll or create your own design
Old nylon stockings

*You do:*
Lay your pattern on folded piece of material and cut out shape. Sew pieces together but leave a small section open so that you can turn the right sides out. Now stuff with old nylons and finish sewing opening by hand.

### Cloth Book

*You need:*

4 pieces of muslin, 12" x 8"
Nontoxic embroidery paint in different colors

*You do:*
Place the cut pieces of muslin on top of each other. Fold in the middle to make book. Sew down center by hand or machine.

Use nontoxic embroidery paint to draw everyday familiar pictures for the child (rattle, ball, dog).

*Variation:*
Cut out pictures of people, animals, etc. from magazines. Cut 4 pieces of tag board and glue on the pictures. Cover the pages with clear contact paper. Punch in two holes and thread ribbon through them.

### Feely Ball

*You need:*

10 pieces of scrap materials from a variety of textures (velvet, terry, cotton, fake fur, silk)
1 Ball pattern (a triangular shape with 3" sides
Thread, needle, pins and scissors
Old nylon stockings or foam rubber for stuffing

*You do:*
Use your pattern to cut 10 panels out of the different textures of cloth. Sew two sections together starting at the small end of panel and sew toward wide end. Add remaining panels one at a time. Join first and fifth panels to form a half ball.Now make the other half. Then place two sides together, pin and sew. Remember to leave one panel open so

that you can pull right sides of ball through the opening. Put in the stuffing. Turn unfinished edges of opening in and hand sew opening closed.

### Kick Toy

*You need:*

Several scraps of colored material
1 pillow case with pillow
1 squeaky toy

*You do:*
Sew pieces of cloth scraps onto front of a pillow case. Place a pillow and a toy that squeaks or makes noise in the pillow case at the end of the crib. Put the infant within kicking distance of the pillow. When the child kicks the pillow he is rewarded with a squeak.

### Texture Blanket

*You need:*

2 pieces of material, 36"x45"
1 piece of polyester quilt filling, 36"x45"
several scraps of materials of various colors and textures
1 ribbon, 36" long
thread

*You do:*
Cut different shapes out of the scrap pieces of material and sew bias tape around each piece. Then sew them on only one piece of the blanket materials. Make sure that sharps are sewn on the right size of the material.

Lay out the 2 pieces of blanket material, right sides together, and place the quilt filling on top.

Sew around 1/2" from edge, leaving a 10" opening on one side. Turn right-side out and hand-stitch opening closed.

Sew the enter of the ribbon to the edge of the blanket.

### Clutch Ring

*You need:*

2 different bright, colorfast pieces of material
Pattern. A doughnut shape 7" in diameter with a center hole of about 1".
Polyester pillow filling, cotton, or old nylon stockings.
Thread

*You do:*
From both pieces of material, cut out the pattern. From only one side of the circle, cut straight across to the inner circle.

With right sides together, sew the pieces of materials together. Clip seams. Turn right side out and stuff tightly. Now turn under edges at open ends and sew them together by hand.

### Nesting or Stacking Cans

*You need:*

1 large fruit can
1 soup can
1 small juice can
Contact paper

*You do:*
Thoroughly clean each can. Be sure that the edges of the cans are smooth and cover the rims with tape.

Cut contact paper an inch longer than each of the cans. Cover with contact paper and fold inside the rims. Each can should fit inside of another.

### Foam Rubber Blocks

*You need:*

2" nonflammable foam rubber
Cube pattern
Colorful pieces of materials

*You do:*
Cut foam rubber in 2" square cubes, using a single-edge razor or an electric knife.

Trace pattern and cut out material for each cube. Now sew 6 squares of material together to form a block shape. Leave one side open, stuff with foam rubber, and sew up last side.

### Milk Carton Blocks

*You need:*

12 empty milk cartons exactly the same size
Masking tape
Contact paper
Scissors

*You do:*
Wash milk cartons thoroughly and cut off the tops. Fit one carton inside the other and tape together. Cover with contact paper.

*Variation:*
Balls, bottle caps or anything that rattles may be placed inside the cartons.

### Sorting Box

*You need:*

1 large coffee can with plastic lid
2 large sponges
Contact paper
Knife or single-edge razor

*You do:*
Cut the shapes of a star, rectangle, square, triangle and circle out of the plastic lid. Use the cut out shapes as patterns for cutting out the sponge shapes. Cover coffee can with contact paper and place the plastic lid on the top. Let child experiment with getting the right shape in the right hole.

### Shape Box

*You need:*

1 large appliance box
Contact paper (optional)
Sharp knife or single-edge razor
Masking tape

*You do:*
Cut different shaped holes in the sides of the box. Tape all the edges so that they are smooth. Child can climb in and out of holes. Make the holes low enough for small children to crawl through.

*Variation:*
Large appliance boxes can be made into little houses, climbing and sliding apparatus and kitchen furniture.

### Pull Toys

*You need:*

1 bleach bottle
Masking tape
String or yarn
Beans, peas, macaroni or rice

*You do:*
Partially fill a decorated bleach bottle with beans. Attach a string to the neck of the bottle for the child to pull.

*Variation:*
Poke a hole in the center of a lid and bottom of any can or box.

### Puzzles

*You need:*

Pictures from magazines, newspapers, catalog, etc.
Cardboard or tag board
Sharp knife or single-edge razor
Glue or paste
Clear contact paper

*You do:*
Choose only those pictures which are age appropriate and attractive to the child. Then glue the picture to a piece of cardboard or tag board. Cover both sides with contact paper. Now cut the picture into large pieces of different shapes.

*Variation:*
Carpet squares can make nice puzzles. Simply cut the squares into interlocking shapes. Once the puzzle has been completed, the child can sit on it.

## ART

### Disc Crayons

*You need:*

Old pieces of crayons of different colors
Muffin tins

*You do:*
Take the paper off the crayon, break into small pieces and place in muffin tin. Put in 300 degree oven until just barely melted into a mass. Cool quickly. Place into plastic bags for storage.

### Play Dough

*You need:*

1 cup flour
1/2 cup salt
2 tablespoons vegetable oil
1 teaspoon alum
1/3 to 1/2 cup water

*You do:*
Mix first four ingredients together. Then stir in small amounts of water until it has the consistency bread dough. Divide the dough and add different food colors. Store in airtight container in refrigerator.

## Peanut Butter Play Dough

*You need:*

1 18 oz. jar peanut butter
1 tablespoon honey
Dry milk

*You Do:*
Mix peanut butter and honey with dry milk until it has the right consistency for molding.

## Finger Paints

*You need:*

3 tablespoons sugar
1/2 cup cornstarch
2 cups cold water
Food coloring

*You do:*
Mix sugar and cornstarch in sauce pan. Add water, cover, and put over low heat. Stir until well blended and thickened. When ready, divide into several containers and add desired food coloring.

## Bulletin Board

*You need:*

1 empty cardboard box
hole puncher
fabric
glue or tape

*You do:*
Cut a piece of cardboard box from an empty box. (Cut the size to meet your need.) Punch 2 holes in cardboard, 4" from the top and 4" from the sides. Thread heavy string through holes and knot securely. Cut a piece of heavy fabric larger than cardboard. Center cardboard on top of fabric and put glue on the overlap. Cut the corners (to eliminate bulk). Fold fabric over cardboard, smoothing out the wrinkles. Hang bulletin at the eye level of your audience.

# Bibliography

Bredekamp, Sue. *Developmentally Appropriate Practice in Early Childhood Program Serving Children from Birth through Age 8*. Washington, DC: NAEYC, 1987.

Caplan, Frank. *Growth Chart: The First Year of Life*. New York: Simon and Schuster, 1978.

Caplan, Frank. *The Second Twelve Months of Life: A Kaleidoscope of Growth*. New York: Grosset and Dunlap, 1977.

The Children's Foundation. "Implications of the Americans with Disabilities Act of 1990 (ADA) for Family Day Care." Fact sheet, Washington, D.C., 1992.

The Children's Foundation. *Family Day Care Licensing Study*. Washington, D.C.: The Children's Foundation, 1993.

The Children's Foundation. *1993 National Director of Family Day Care Associations*. Washington, D.C.: The Children's Foundation, 1993.

de la Brosse, B. *Children with Special Needs in Family Day Care Homes: A Handbook for Family Day Care Providers*. Washington, DC: El Centro de Rosemount, 1987.

Evans, Judith. *Good Beginnings: Parenting in the Early Years*. Ypsilanti, Michigan: The High Scope Press, 1982.

Flavell, John H. *The Developmental Psychology of Jean Piaget*. New York: D. Van Nostrand, Co., 1963.

Gellert, S.; Hollestelle, K.; Kotlus, E. *Helping Children Love Themselves and Others: A Professional Handbook for Family Day Care*. Washington, D.C.: The Children's Foundation, 1990.

Greenspan, Stanley, M.D. *Floor Time: Tuning In to Each Child* (Video). New York: Scholastic, Inc, 1990.

Hart, Louise. *Self Esteem: The Best Gift for Your Children and Yourself*. Oakland, CA: Life Skills Press, 1992.

Hendrick, Joanne. *Total Learning for the Whole Child*. St. Louis: The C.V. Mosby Company, 1980.

Jackson, Jane Flannery and Jackson, Joseph H. *Infant Culture*. New York: The New American Library, Inc., 1978.

Kaplan, Louise. *Oneness and Separateness: From Infant to Individual*. New York: Simon and Schuster, 1978.

Karnes, Merle B. *You and Your Small Wonder: Activities for Busy Parents and Babies*. New York: Random House, 1982.

Leboyer, Frederick. *Loving Hands: The Traditional Indian Art of Baby Massage*. New York: Alfred A. Knopf, 1978.

Lewis, David. *The Secret Language of Your Child*. New York: St. Martin's Press, 1978.

McKee, Judy S., Ed. *Early Childhood Education 86/87*. Guilford, CT: The Dushkin Publishing Group, Inc., 1986.

Maxim, George. *The Sourcebook, Activities to Enrich Programs for Infants and Young Children*. Belmont, CA: Wadsworth Publishing, Co., 1981.

Meier, John H. and Malone, Paula J. *Facilitating Children's Development: A Systematic Guide for Open Learning*. Baltimore: University Park Press, 1979.

Miller, Karen, ed. *Caring for the Little Ones*. Cowdrey, CO: Karen Miller, 1992.

Modigliani, Kathy. *Training Programs for Family Child Care Providers: An Analysis of Ten Curricula*. New York: Bank Street College of Education, 1991.

National Safety Council. *First Aid and CPR: Infants and Children*. Boston: Jones and Bartlett Publishers, 1992.

Schickedanz, Judith A. *More Than the ABCs; The Early Stages of Reading and Writing*. Washington, D.C.: NAEYC, 1986.

Shim, M.A. and Sibley, A. *Accreditation Study Guide*. Atlanta; Quality Assist, Inc., 1992.

Spencer Pulaski, Mary Ann. *Your Baby's Mind and How It Grows: Piaget's Theory for Parents*. New York: Harper and Row, 1978.

TAPP Associates, Inc. Atlanta, Georgia: The Child Care Enrichment Program, 1977-78.
- Program Management Training Manual
- Getting Started in Program Management
- The Daily Ledger
- Important Telephone Numbers
- Child Growth and Development: Young Children Training Manual
- From Diapers to Dungarees
- Infants
- Toddlers

USDA FNS. *Feeding Infants: A Guide for Use in the Child Care Food Program*. Washington, D.C.: USDA FNS, 1988.

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